

MARSHALL STATE SCHOOL-HOSPITAL
AND
REGIONAL CENTER

FIVE YEAR REPORT

DEPARTMENT OF MENTAL HEALTH
OFFICIAL MEMORANDUMDATE July 26, 1977TO John Solomon, DirectorOFFICE Division of MR-DDFROM Adrienne D. McKenna, Superintendent *AK*OFFICE Marshall State School-HospitalSUBJECT Five-Year Report

It was requested approximately five years ago that we prepare five-year reports. This was done at a time when others were in the administrative responsibility in Central Office. However, that request is being fulfilled by the attached report. It was extremely difficult to prepare all details that have occurred in the last five years. However, with the assistance of all Unit Directors, Department Heads, and, most particularly, Ann Scott, we feel that we have prepared a very complete report.

You will note that both the five-year goals and the goals for 77-78 are included in the Appendix.

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Enclosure (Five-Year Report)

PREFACE

This period of five years has been one of growth for Marshall State School and Hospital.

It has been a time when construction has begun, when the number of staff members has increased, and when--due to the establishment of the Marshall Regional Center--the staff has taken a major step toward its goal of becoming a Total Care facility.

Goals--set down five years ago--have been reached, chief among them the establishment of a simulated community within the facility which would include a school, shops, a library and a confectionary! All of those objectives listed on paper (and some which were not listed) have been met.

A renewed understanding of the needs of the mentally retarded was seen in the appropriations approved by the Executive and Legislative branches of this state's government. Needed changes were speeded by special grants from the Federal Government. Most important in effecting the changes brought about in these five years was the changing attitude of our staff--a new willingness to consider new ideas and try new methods.

Figures, dates and clarifications contained here are as complete as possible considering a full schedule in effect for all administrative staff. In one sense they do not tell the full story of changes and the effects of these changes--this story is told only by the upgraded programming and the smiles of those residents who have benefitted from it.

Projected broad goals for the coming five years comprise the last section of this report. Specified goals and objectives are now being done on a yearly basis. A copy of these for the coming fiscal year is included in the Appendix.

INTRODUCTION

On July 1, 1972, property administered by Marshall State School and Hospital included more than 300 acres on the Marshall site and approximately 50 acres at Carrollton--30 miles away.

A third facility at Higginsville, completing what had been informally called the Marshall State School and Hospital Complex, had been given independent status by the General Assembly two years earlier.

Solutions were soon to be found for the administrative problems brought about in operating two separate facilities so far apart.

The two buildings at Carrollton and all but two of the 20 some at Marshall were showing signs of age. Nearly all were multi-story; high ceilings, an overabundance of windows and lack of proper drainage from roofs were common. Bare concrete floors; an inadequate heating system and an outdated electrical system made these buildings uncomfortable in winter and summer.

Relief for these conditions was to be promised; relief that would come in a number of different ways.

The residential population had changed radically, particularly at Marshall. Many of those being cared for had physical as well as mental handicaps; many were elderly and many very young--the admission age of five years had been dropped and several infants admitted by 1971.

Help for all segments of this population was to come with the development of a new organizational structure--the Unit. Although Units had been established in February, many changes were needed to make them truly functional.

The coming five-year period was to be characterized by the full establishment of the Units, bringing about an individualized, closely monitored treatment program for every resident.

Definite responsibilities for the new Assistant Superintendent, Treatment, had not yet been clarified in the summer of 1972.

By the end of the five-year period it appeared that this officer would take leadership of the entire treatment area--not only the Units but such programs as Education, Physical Therapy, and--in 1977--Occupational Therapy.

Indeed it appeared that four executives-----all under the immediate supervision of the Superintendent--had emerged for four separate but integrated areas of operation. These were the Assistant Superintendent, Administration, who traditionally had charge of areas ranging from Accounting to Maintenance; the Clinical Director, in charge of the Medical functions; the Assistant Superintendent, Treatment, and the director of the new Marshall Regional Center.

The year 1972 was characterized by a need for definite changes, and these changes were to be made incredibly soon!

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IMPROVEMENTS IN THE PHYSICAL PLANT

Among the most significant improvements to the physical plant have been the closing of Carrollton State School-Hospital and the construction of 30 new Group Homes on the Marshall campus.

The decision to close the Carrollton facility was announced July 6, 1974. The facility had been operated by the Department of Mental Health since 1939.

Factors influencing the decision--other than the need for further repairs to the buildings--were the need for adequate programming for all residents and the estimated costs of providing it at two separate facilities.

Moving of the Carrollton residents to Marshall, where a decreasing population made space available, took place during the ensuing months. All of the 30 some employees at Carrollton were given the opportunity to relocate their work area and commute to Marshall. A number of them took advantage of this offer.

The Carrollton State School-Hospital property was eventually transferred to the City of Carrollton for use as a park and civic center. It was renamed Walnut Hills.

New Group Homes

On September 19, 1974, former Governor Christopher S. Bond officiated at ground-breaking ceremonies for the first 15 in a planned project of 40 Group Homes.

Among those present for the occasion were representatives of the architectural firm--Urban Architects of Kansas City, Mo.--and the contracting firm, Copeland Bros. Construction Co. of Raytown.

The Superintendent was given the key for these first 15 Group Homes in January, 1976.

Within weeks, staff members and more than 200 citizens of the Marshall community had visited the new homes and expressed enthusiasm as to their attractive appearance and this new concept in residential living for the mentally retarded.

Each Group Home was built to accommodate eight residents, with a bedroom for each two occupants. Each home had its own dining area, family room, parlor and several baths.

Carpeting, draperies, furniture and accessories were color-coordinated with the bright trim on the outside of each home. Dishes and tableware were provided to correspond with the color scheme.

Bedrooms containing individual desks and chests of drawers--as well as single beds--were greeted with pleasure by all who support the resident's right to privacy.

Fortunate indeed were those selected to occupy these new homes!

On June 23, 1976, the Governor returned to Marshall for a Dedication Ceremony covering the Group Home project. Construction was already beginning on Phase Two -- the second 15 homes. Again, Urban was the architectural firm and Copeland the contractor.

Urban Architects submitted drawings for Phase Three of the Group Homes in June, 1976. Early in 1977, a contract for construction of eight homes in Phase Three was awarded to the Bron Construction Co., Kansas City, Mo. At this writing (May 17, 1977) construction had begun.

Remodeling Effective

Several of the existing buildings had been scheduled for eventual demolition. Others were selected for complete remodeling, which would make them suitable for residential living in line with modern standards.

The first building to be remodeled was Cottage One (originally called The Oaks), completed in 1923. Architectural plans were submitted by Westenhaver & Associates, Columbia. Large wards were to be converted into bedrooms for four, with the occupants of each two bedrooms sharing an adjoining living room. A dining area in the building was to be restored. A contract for these renovations was awarded to McGrath Construction Co., Kansas City, Mo., in April, 1976. The first occupants moved in March 10, 1977.

Renovations in bathing areas on the first, second and third floors of L Building, the second and third floors of K Building and the second and third floors of J Building were completed in 1976. Ken McCall, Kansas City, Mo., was architect and Dean Construction Co., Sedalia, contractor. Increased privacy for residents was a primary factor in planning these renovations.

Electrical improvements, started in the summer of 1976, are aimed at modernizing the electrical system so that more electrical equipment can be used in the buildings. The plan calls for replacement of obsolete equipment in the distributor system, as some parts in the system have been in use as long as 40 years.

The contract for Phase One, electrical improvements, was awarded to the Kaw Valley Electric Co., Kansas City, Kan., and a contract for Phase Two to Capital Electric, Jefferson City. Tech Associates, Kansas City, Mo., designed the first two phases.

Following the securing of a contract with the City of Marshall for disposal of sewage in 1975, plans were made to demolish the existing sewage-disposal plant on premises.

This work is being accomplished at this writing with Chuck Terry Associates, Kansas City, Mo., as architect and Shaw and Sons, Excavating and Hauling Co., Kansas City, Mo., as contractor.

During this same period of time, it was felt that upper floors of the joined buildings on the north side of the street leading through the campus were inappropriate for use as living areas.

Although these buildings were constructed separately and are of differing architectural patterns, all have three stories above the basement level. The third floors of A Hall, B-C, D-E and F-G halls and J, K and L buildings were vacated. However, other uses were found for most of these areas. The top floor of D-E became a storage area, F-G's top floor was renovated as an office area, J's top floor became an office area for the Program 15 staff, and L-4 a recreation area for use of Program 16.

In 1975, the Supervisor of Education asked if a group of rooms known as the Doctors' Dormitory could be designated as a new school, to be called the Learning Center.

The Doctors' Dormitory had been useful in former days, when it was customary for a number of staff members to reside on campus. The area was vacated and completely renovated, with walls in small apartments being removed to create sizeable classrooms.

The new Learning Center is located above the Recreation Center and Employees Canteen--an area once used as a dining room.

A room at the foot of the stairs leading to the Learning Center, once used as an office, became a classroom for non-ambulatory residents.

Even with this spacious area for its program, Education soon needed to expand. A room for a Physical Development program was found in the basement of B Hall. It had been occupied by Music Therapy, which was being moved to the Community Center.

Later, when a Developmental Disabilities grant was awarded for the establishment of a program for the deaf and blind, a recreation room in the Community Center was vacated to serve as the program's headquarters.

And, when supplementary physical education and special education programs for lower-functioning residents were to be developed, the two-room basement area occupied by Volunteer Services was felt to be adequate. At this time the Beauty Salon and Barber Shop were combined and Volunteer Services was assigned to the area formerly used by the Beautician. A supplementary speech program was located opposite these classrooms in an area no longer used as a home economics room.

Meanwhile, adequate areas were also found for Vocational Education. A basement room in Cottage Two became headquarters for the Pre-Workshop, and areas below A and F halls for the Work Activity Center and Pre-Vocational Skills classroom. Vocational Education offices and still another classroom were located in an area adjoining the Chapel. A portion of the greenhouse became both classroom and laboratory for the horticultural program.

Other important improvements in the physical plant during the period covered were the establishment of the Residents' Community Center in 1973 and the Physical Therapy Center in 1974.

Located on the main floor of the old Administration Building, the Center began with the Residents' Library, a General Store, a City Hall, a Beauty Salon, a Barber Shop, Recreation Room and the Ice Cream Parlor!

The outsides of these rooms were decorated as though each were part of a modern new shopping center. Colorful flowers were everywhere, and a sidewalk cafe was created with graceful tables and chairs.

In August, 1974 the new Clothing Store was created in a nearby room. Here the resident who was capable of doing so selected his clothing from display racks like those in a fashionable department store! There were fitting rooms and even a shoe department!

Alterations were done by employees from the Sewing Room, relocated from an outside building to the room across the hall from the "store".

A Physical Therapy Center was inspired by the five-year Hospital Improvement Program, made possible by a grant from the National Health Institute, which was in operation from 1969 to 1974.

A portion of the "HIP" equipment was moved from F-G hall to the new Center in the basement of J Building.

ORGANIZATION OF STAFF

During the period of time covered by this report, the Religious Nurture and Volunteer Services programs have been placed under the supervision of the Superintendent (see chart, page 7).

These programs, along with Community Relations and Medical Records--which are traditionally supervised by the Superintendent--will be described in the report elsewhere.

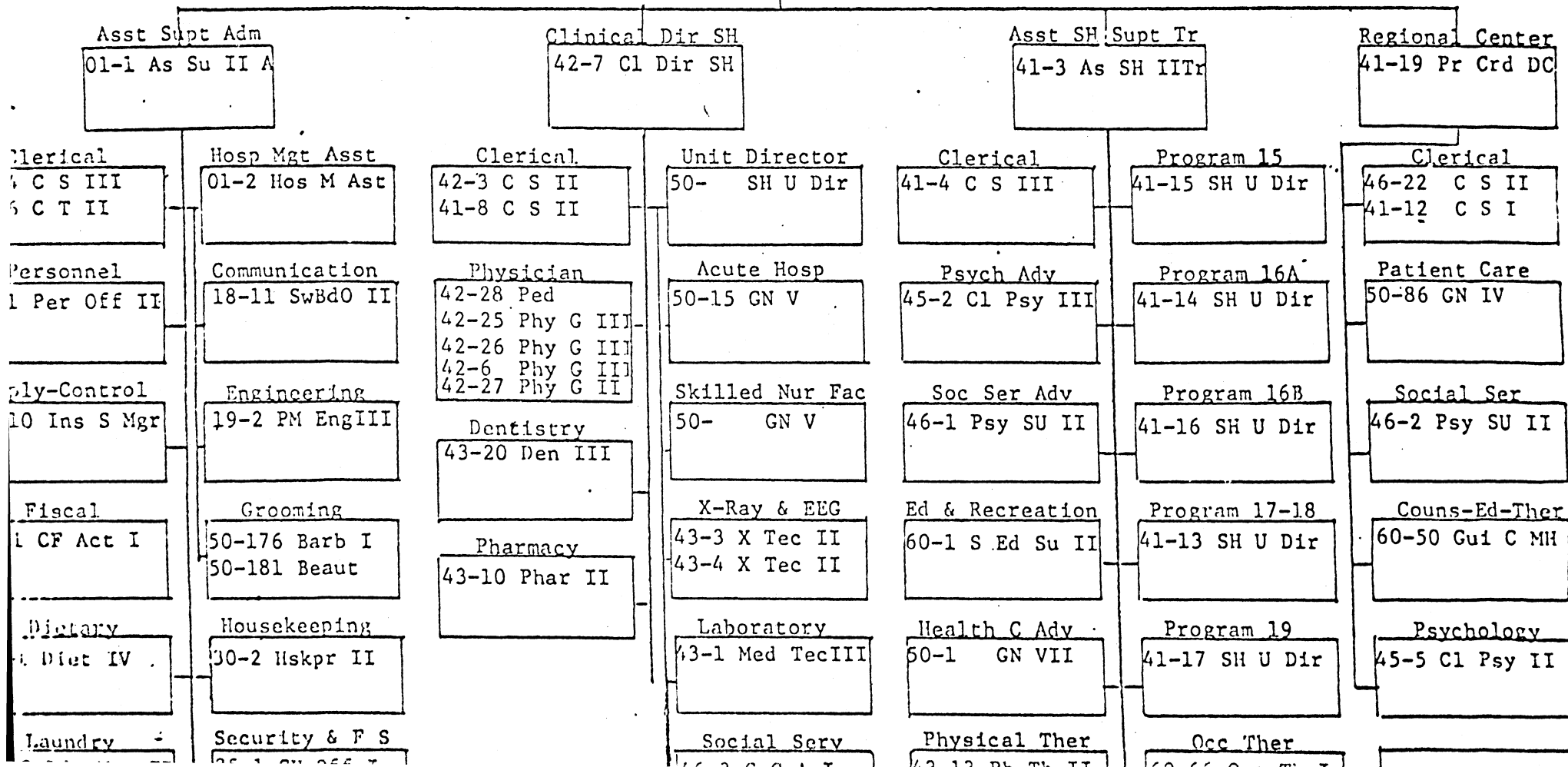
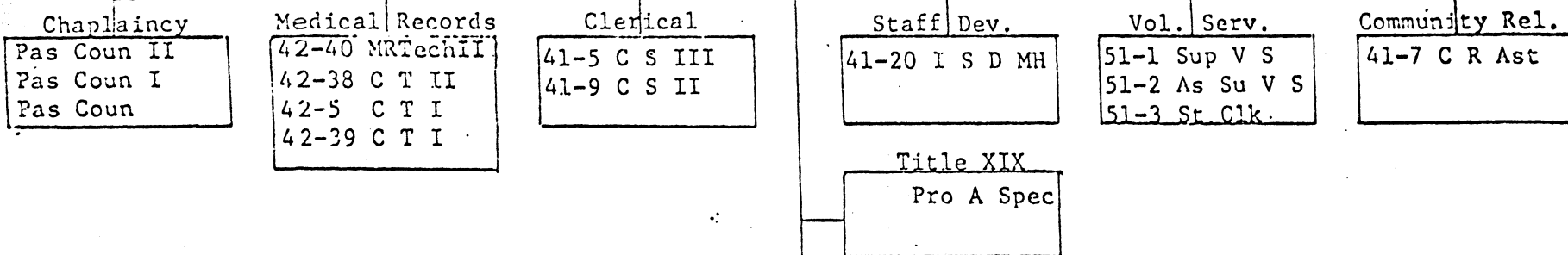
Staff Development is the newer name of the program known as Nursing Education. This program is also under the jurisdiction of the Superintendent and will be discussed at a later time.

Since the Unit System and the Assistant Superintendent, Treatment, denote a new era within the facility, it is felt that they should be explained immediately.

Superintendent
41-1A Supt II SH

10-6-76

RSNALL STATE SCHOOL & HOSPITAL
Superintendent



The position of Assistant Superintendent, Treatment, was added to the staff early in 1972. This officer has under direct supervision all treatment Units and Central Programs, and serves as Acting Superintendent during the absence of the Superintendent.

The Unit System, in which the Assistant Superintendent, Treatment is most involved has brought help to the residents of this facility in the following ways:

1. By creating a geographical grouping together of residents with consideration to physical disabilities, functional level and age.
2. By providing within the Unit all professional services deemed necessary to meet the residents' needs--a Unit Director, physician, nurse coordinator, nursing service personnel, psychologist, social workers, Unit program supervisors, recreational, educational and clerical staff members, with services provided as appropriate to resident needs in physical and occupational therapy, speech-hearing and vocational education.
3. By affording the Unit Director the authority to make decisions concerning services provided to the resident. The Unit Director is directly responsible to the Assistant Superintendent, Treatment, who in turn is responsible to the Superintendent, who makes the final decision on pertinent matters beyond the jurisdiction of either the Unit Director or Assistant Superintendent, Treatment.
4. By providing the means of evaluating, implementing and monitoring the programs of each resident's individual treatment plan to insure that the needs of the residents are met and that the resident's civil rights are not violated in the process.
5. By insuring that residents are allowed to progress within a Unit, within the facility, and ultimately to the community whenever possible.

The first four Units--noted by a former Superintendent Feb. 10, 1972--were the Adult, Youth, Infirm and Outpatient. Each resident was assigned to one of the first three.

In October, 1973, School-Hospital Unit Director became a new classification in the Missouri Merit System, and Unit Directors were officially hired.

Permanent names and numbers for Units were provided by the Department of Mental Health, with the intention that these names and numbers would correspond in all facilities for the mentally retarded where programs of the same description existed.

The numbering system provided two--rather than one--Units for adults. These were Program 16--the Adult Motivation Unit--and Program 19--the Socialization-Rehabilitation Unit. Those residents whose evaluations indicated a greater potential for productive employment were placed in Program 19.

The numbering system called for a Youth Unit (Number 17) and a Child Unit (Number 18). It was found at Marshall that so few residents qualified for either of these Units that a combination program would be superior to the two individual programs. Thus the Youth-Child Motivation Unit (Program 17-18) was established.

The Adult Motivation Unit at Marshall was the largest, including some 400 residents. In the fall of 1976, another division of adults was begun. The two parts were designated as Program 16A and 16B.

The original Outpatient Unit eventually became the Marshall Regional Center for the Developmentally Disabled. The new Center was given official approval in August, 1975, and will be described later in this report.

Following are descriptions of Units currently in operation.

Resident Activation Unit--Program 15

The Resident Activation Unit (Program 15) provides individualized treatment to the population of the facility who have multiple physical handicaps along with the diagnosis of mental retardation. This population encompasses approximately 150 residents who reside in parts of J, K and L buildings.

Each of these residents meets the basic criteria for entrance into the Program, which is inability to ambulate independently. Progression to any other Program in the facility requires that the resident be able to initiate and carry through with ambulation or that he be independently mobile through the use of adaptive equipment.

The program goal established in accordance with the philosophy of this facility is to provide each resident individualized programs in a homelike and humane environment conducive to the development of the skills and attitudes necessary to return to community living.

To attain the stated goal or mission, it will be necessary to provide the following services through the following objectives:

1. To correct current and prevent future handicaps through physical therapy and occupational therapy.
2. To provide systematic nursing care to prevent or correct medical problems.
3. To provide the activities necessary for independent living both physically and socially.
4. To provide education programs in self-care skills, environmental awareness, social response and academic readiness.
5. To provide the evaluative service necessary to determine the needs and progress of the resident's program.
6. To insure against any violation of the resident's human rights.
7. To provide a clean, hygienic and homelike environment.

Program 15--or the Infirm Unit, as it was called five years ago--first consisted of approximately 250 residents with varying degrees of physical and mental handicaps. There was little or no organized programming to meet the residents' needs. A large percentage of their time was spent in assorted inactivity that ranged from sitting in chairs to lying in beds. Nursing Service provided the total-care process. Many maladaptive behaviors, increased deformities and medical and nursing problems resulted from the continuous inactivity.

With the implementation of the Unit System, dramatic changes occurred in the lives of these persons. Nearly all are now out of bed for extended periods of time each day, and a great many leave their wards at some time during the day. These residents are now included in off-grounds activities by way of the wheelchair bus--fishing trips, picnics and visits to the circus and the State Fair!

Restraint hours have decreased at an astounding rate. Evaluations are bringing to the surface many skills that were once disguised by limited activity and the lack of sensory stimulation. An attempt has been made to provide individual treatment programs based on the results of these evaluations. Although the goals are very broad and general, progress has been seen in the condition of most of these residents. An intense effort has been made to improve the appearance of the living areas and to improve the personal appearance of each resident. Shoes, clothing and conventional haircuts have helped a great deal to make the residents feel good about the way they look in contrast to their past appearance in hospital gowns.

Ending in 1974, the Hospital Improvement Program (HIP) offered physical and occupational therapy, education and recreational involvement to approximately 40 residents at any given time. The adapted wheelchair, originated here by the HIP

staff, has made it possible to further advance this Unit's goal of activating residents. The HIP staff members' success in providing training in self-help skills stimulated other staff members to become involved.

Decreasing the Unit population was achieved through transfers to other facilities and minimal placements in crib care homes. Following these moves, the staff was able to decrease ward population, group residents more compatibly, provide more individualized treatment and much-needed privacy.

By 1974, program involvement in the Unit had advanced to the following levels:

Social Response Programs	46 residents
Occupational Activities	35 residents
Behavior Management Programs	6 residents
Physical Therapy	40 residents
Self-help Skill Training	50 residents
Education	12 residents
Arts and Crafts	2 residents
Ward Music Therapy	30 residents

The Physical Therapy Center has provided services to nearly the total population of Program 15.

Approximately 30 per cent of the residents can feed themselves; 10 per cent are toilet trained and approximately 25 per cent can dress themselves and move from place to place unassisted. Those who were able to reach the goal of self ambulation or self mobilization have been advanced to higher-level units.

At present, each resident has an individualized treatment plan geared to meet his/her individual needs.

A systematic method of program delivery has been established with proper documentation of progress. All institutional programs are now available to the physically handicapped and each one resides in an area that provides him or her an opportunity to progress. Future renovation along with the recent bathroom renovations will help insure continued progress for this particular group of residents.

Adult Motivation Unit--Program 16

The initial determination as to which buildings could be used for which Unit was not easy.

A number of moves took place before Program 16 could refer to Cottages Four, Five and Six and parts of J and K buildings as its own geographical area. A total of 400 residents were included in the Unit.

Following his appointment as the Unit's first School-Hospital Unit Director in the fall of 1973, the new Director concentrated on what group of residents needed the most restrictive environment and what areas should be assigned for this purpose.

The locked wards for males on the fourth floor of J Building were vacated. The population of J-4 was reduced to a minimum. Those who were the most profoundly retarded and who exhibited the more acute behavioral problems were transferred to Cottage Six. A group considered the most hostile was placed in a Special Unit Program located in Cottage One, which had been operating since 1971 and offered special programming including a point system and Token Economy. (The entire group in this Special Unit Program was transferred to another facility in the spring of 1974.) Still others from J-4 were transferred to various wards within Program 16.

The reduction of restraint hours was another immediate project. Through the use of intervention techniques, restraint hours were greatly reduced; for all practical purposes eliminated in Cottage Four.

As 1974 began, residents' programs, sequential objectives and long range goals were in focus. Educational and Recreational staff members--few in number--were grouped together, and developed an objective-oriented program. Entrance and exit criteria were developed for the Unit as a whole. Movement into Program 19 or out of the facility became an overall goal.

Through the implementation of Behavior Modification and the further implementation of the team approach, a marked improvement was noted and placements made.

Eight placements were made in 1974, either to Program 19 or into the community.

Two specific cases come to mind in describing marked improvements. One is that of a man admitted to the facility at age 7. He was admitted in a wheelchair and continued to be confined to a wheelchair for 30 years. In 1975, after reviewing the resident's chart and consulting with the Physical Therapist, the staff member involved found no reason why the man should not be walking. An examination followed. Within two weeks this individual was on his feet and walking. He is still walking at this writing--up and down steps or anywhere he wants to go. New doors in his life have opened!

Another individual, admitted at an early age, was involved in some programs but because of severe spasticity was limited. With the assistance of the Vocational Education staff and with the persistence of two Unit Education Assistance, this individual was placed into the community with involvement in the Sheltered Workshop Program. He is becoming increasingly independent.

During this period the Adaptive Behavior Scale (ABS) was introduced to this facility and implemented in various Units. Later the Missouri-Minnesota Developmental Programming System (MMDPS) was adopted to further develop a consistent means of evaluating programming and progress.

While total involvement cannot be accomplished for some residents due to physical and medical complications, the programs initiated during this five years have provided many activities for numerous residents not previously involved.

exit criteria were developed Division of Unit 16

On February 1, 1977, the division into two separate Units--Program 16A and Program 16B--was completed. Program 16A includes Cottages Five and Six, and will eventually include some Group Homes.

Program 16B includes Cottages One and Two, A, B-C, D-E halls and parts of K and L buildings.

After all renovations and resident moves are completed, Program 16A will include predominately the higher-functioning men and women in the Unit. It will include the closed wards (the one for women in Cottage Five; the one for men in Cottage Six) for those persons considered dangerous to themselves.

per involved found Program 16A

Program 16A is comprised of 115 residents, 16 years and older, who range from mildly to profoundly retarded as defined by AAMD classification. All residents are classified as ambulatory, although a few need assistance in walking.

The population is diversified and requires special services in meeting the needs of the residents. These include:

1. Intensive Behavior Modification programs for those with severe behavior problems.
2. Intensive self-help skills training for lower-functioning residents.
3. Self-maintenance programs for those who are higher-functioning.
4. Unit program involvement for those not now attending Central programs.
5. Individual programs adapted to residents with physical handicaps.

Obviously, these services require specially trained staff members.

Although many trained persons have been hired, it is important to continue to reduce the ratio of residents to staff--particularly because of the closed wards included in the Unit.

Twenty-five per cent of the 16A population is presently involved in Central programs. In addition, all residents in 16A are participating in one or more Unit programs (Education, Recreation, Living Area). More than 50 pcer cent of the residents have individual objectives.

Intensive In-Service training sessions for both buildings are being held this spring, and will be continued for the purpose of:

1. Providing training for new staff members.
2. Providing additional programming information to staff members as needed.

It is the Unit Director's plan that the higher-functioning residents will occupy Group Homes in Phase Three and may possibly be referred eventually to Program 19.

Following are the goals of this Unit:

Overall Goal: To provide a coordinated, consistent individual treatment plan for each resident to allow the individual to grow toward his/her maximum potential.

Goals:

1. Provide In-Service training to staff to raise competency level of utilizing the interdisciplinary treatment system.
2. Define the responsibilities of staff in the interdisciplinary treatment system.
3. Identify the variables which will affect the amount of time in providing programming to residents.

Program 16B

Program 16B is comprised of 274 residents, 16 years and older, who are regarded as severely and profoundly retarded as defined by AAMD classification.

The majority are ambulatory; however some do require assistance in the form of a walker or wheelchair and thus are considered semi-ambulatory or mobile. The degree of mobility is varied due to age and physical disabilities.

There are many diversified groups of residents with various individualized needs within the population.

For example, the major portion of elderly persons within the facility are assigned to this Unit. They require extensive medical care and a plan of treatment similar to that of older persons in the community.

Those with multiple physical handicaps require physical therapy and some adaptive equipment.

That portion of the population which is very low-functioning requires intensive programming in all areas of self-help skills. Due to their degree of retardation, these residents will respond only to the simplest of stimuli and require close supervision in meeting their everyday needs.

It is obvious that staff members working with the residents must be well-trained in many specialized areas.

The following breakdown shows the involvement taking place for Program 16 residents at this writing (April 20, 1977). (Four years ago there was almost a complete lack of involvement for this group.)

There are 121 residents enrolled in the Learning Center, 66 in the Vocational Education Program, 108 involved in Arts and Crafts and Music Therapy.

In addition, there are 57 residents involved in In-Unit Education plus comprehensive involvement with the Recreational staff.

The Social Workers are involved in the development of a total Social Work Program which will involve the direct contact of each resident and the consultation of the appropriate Direct-Care staff person. Through their efforts, the communication between the family and residents has improved immensely.

The nurse and her staff are in the process of completing their Nursing Assessments and developing their Nursing Care plans.

The Psychology staff members have carried out part of the duties of Unit Program Supervisors by conducting a major portion of the staffings and acting as staffing moderators. In 1976 the staff was able to complete an annual staffing on each of the 396 residents assigned to Program 16. After the division, Program 16B has continued to restaff and develop resident treatment plans. Continuing In-Service Education for all Direct-Care and Supportive staff personnel is to be provided.

Program 16B by definition and overall resident need, will consist of those residents needing extensive developmental programs and care. Progressively, Program 16B should move to 16A and then to Program 19.

Youth-Child Motivation Unit--Program 17-18

The Youth-Child Motivation Unit (Program 17-18) provides services for mentally retarded clients, ages 0-21.

These clients are of varying degrees of intellectual, physical and behavioral functioning; which makes it necessary for each discipline within the Unit to design its programs and then coordinate its approaches with those of some other disciplines,

so as to provide maximum benefit to this wide cross section of client abilities.

This interdisciplinary approach within the Unit includes Special Education, Psychology, Therapeutic Recreation, Social Service and Nursing.

The ultimate goal of Program 17-18 is to foster those behaviors which will maximize the human qualities of the clients, increase the complexity of their behavior, and enhance their ability to cope with their environment, utilizing the principle of normalization based on the principles, philosophy and objectives of this facility.

Program 17-18 clients formerly resided in Cottage Three, which was completed in 1937, with spacious wings extending from either side of the main portion of the building. Cottage Three accommodated approximately 70 clients. In 1972, all boys lived in a large room on one wing and all girls in the opposite end. Smaller adjoining rooms were used for activities, as offices and for storage.

A thorough review and evaluation of Program 17-18 clients revealed the need for a more comfortable residential environment for the approximately 99 children served by the Unit. It became evident that smaller groupings of clients, based on various elements of compatibility, would be essential for achievement of learning.

On December 11, 1973, a group of 24 clients were housed on D and E halls. They were co-educationally grouped. During this same period, six large rooms in Cottage Three were cleared and prepared to accommodate 12 to 15 clients each.

This move in revamping the residential environment assisted in implementing self-help skills such as grooming, tooth brushing, dressing and toilet-training. Staff members were assigned to each ward as consistently as possible to insure continuity in programming. This contributed toward better staff attitude and increased staff members' interest in the physical appearance of the area.

For instance, staff members chose a theme for the area to which they were assigned and then planned decorations to fit in with that theme. In the area called Raggedy Ann and Andy Playhouse, bed spreads and other accessories matched the colors of the dolls' clothes. The other areas were called Teddy Bear Den, Mickey Mouse Club, Sesame Street, Shooky Lane and Circus World! Fewer accidents and more incidents of appropriate behavior were noted.

Even though the regrouping of clients in Cottage Three and the utilization of D and E halls contributed toward programming, there were clear indications that further improvements in housing for the clients were needed. Considering approximately 12 to 15 clients per ward, three wards per wing in Cottage Three meant a total of 36-45 clients per wing.

This need for improvement in client living areas was completely realized when Phase Two of the newly constructed modern Group Homes was completed. On October 26, 1976, a group of eight clients--four males and four females--were transferred from E Hall to Group Home 17. On November 30, 16 clients occupied two additional homes. Christmas, 1976, was an unsurpassed experience for 24 clients who--possibly for the first time in their lives--were able to celebrate the holidays in their OWN homes. A gradual move of Program 17-18 clients was continued Feb. 10, 1977, when Group Homes 25 and 26 were occupied, giving a total of 11 Group Homes for the Unit. This homelike environment was instrumental in assisting greatly in the acceleration of the feeding, toileting and dressing programs.

A noticeable change in the clients' behaviors occurred only a short time after the move from the noise-polluted, overcrowded conditions of the cottage and ward environments. As a result, some clients are participating in family

style meals, using the toilet when necessary, and getting their coats when ready to leave the home for various educational or recreational needs.

A positive change was also recognized in the staff's attitude and performance. The smaller ratio of client-staff relationships in the Group Home made the client's reaction to certain stimuli and situations more predictable, thereby allowing the staff an opportunity to eliminate frustrations and implement constructive programming.

In order to perform at maximum efficiency, Program 17-18 has adopted various programming levels in conjunction with the Missouri-Minnesota Developmental Programming System. The placement of the residents into various levels had been determined by their performance on the MMDPS. There are three main levels--Level I, Level II and Level III. Levels I and II are further subdivided into A, B and C. Each main level and each sublevel has its own minimum entrance criterion based on performance.

Level I includes the lowest functioning residents in Program 17-18. This level encompasses all residents who have at least one scale on the MMDPS below the minimum entrance criterion to Level II (those residents who have suppressed scores on any of the scales due to physical limitations were considered separately). The sublevels for both Level I and Level II are in a hierarchy from A (lowest functioning) to C (highest functioning).

Level II encompasses all residents who have all 18 scales above the minimum entrance criterion to Level II and at least one scale below the minimum entrance criterion to Level III.

Level III has all residents who have all 18 scales above the minimum entrance criterion to Level III and have not met the minimum entrance criterion

for placement elsewhere.

All Program 17-18 clients have undergone an interdisciplinary team staffing in accordance with this facility's Policy Number 6. Individual treatment plans with specific sequential objectives complete with long and short term goals have been implemented. Qualified mental retardation professionals are serving as staffing moderators. Developmental Assistant staff members on all shifts participate in these staffings. The clients' families, guardians and appropriate courts are being informed of the clients' staffing results, recommendations and progress; thus promoting parental involvement and interest in the client's development.

The concept of individual treatment programs has proven to be extremely effective with Program 17-18 clients. Its objectives are designed and tailored specifically to meet a designated client's needs, rather than utilizing the outmoded approach of the "client fitting a given program". For example: A client who used to steal food from a neighbor's plate and possessed very poor table manners is now able to use the fork and spoon appropriately; he can select proper portions of food from a serving bowl; and above all, he does not steal food, nor does he disrupt others seated at his table. Each step of this program was designed particularly for this client and accomplished through concentrated staff efforts working with him.

A second client who used to take off part of her clothing and throw it haphazardly around the room is now able--through the utilization of the individualized treatment program concept--to properly remove her jacket, shoes and socks and place them neatly in her own wardrobe. Other examples of varying degrees of accomplishment and success can be found throughout the Unit.

All Program 17-18 clients are enrolled in an education and recreation program. They are receiving services in these areas commensurate with their needs. These services are based on the staffing recommendations and have specific objectives; as one objective is accomplished, another is chosen and so on, until the client's annual staffing. A complete evaluation is submitted at the staffing and recommendations are made for further treatments and programs.

The Unit recreation and education programs are viewed as a pre-learning center. When clients meet Learning Center entrance criteria, they are referred for enrollment. In addition, some clients attend the State Training Center at Marshall during the official school year.

Leisure recreational activities are viewed as an integral part of the client's total treatment program. Here, emphasis is placed on community recreational activities, such as attending the State Fair, circuses in Kansas City, picnics, dances, the Special Olympics, birthday parties etc. The client's special recreational interests are taken into consideration, and a positive effort is made to afford them the time and opportunity to pursue their interests in the least restrictive environment.

With the ever expanding educational, recreational, psychological, nursing and other treatment needs of Program 17-18 clients, a concentrated effort was made to recruit and hire qualified staff members to provide these essential services. With the support of the administration, the majority of available professional positions have been filled with qualified staff.

On the following page is a summary of staff additions to the program since Jan. 1, 1976.

CLASSIFICATION	STAFF ADDITIONS
Developmental Assistant I	35
Developmental Assistant II	5
Developmental Assistant III	1
Licensed Practical Nurse I	1
Recreational Therapist I	1
Special Education Teacher I, II, III	2
Activity Aide I	3
Activity Aide II	1
Psychological Technician	1
Clinical Psychologist I	1
Clinical Casework Assistant II	1
Unit Program Supervisor	1

Staff In-Service education and training sessions are being held at the Unit level on a continuous basis. This approach has proven to be valuable in updating and teaching various staff members the theories, actual techniques and practical methods utilized in working with clients; thereby equipping them with skills required to implement and conduct effective programming.

Socialization-Rehabilitation Unit--Program 19

The Adult Unit on July 1, 1972, was responsible for residents housed in Cottages One, Two and Four, and A, B and C halls. At that time, Unit census was 473.

At the present time, Program 19 (a part of the old Adult Unit) is housed in 15 Group Homes, with a census of 120 residents. This reduction in census is primarily due to the division of the original Adult Unit plus community placements and movement of residents to other state facilities.

During this five-year period, Program 19--with the assistance of the Vocational Rehabilitation Unit which has been considered a part of it--has been involved in the placement of approximately 360 residents within community living situations--both independent and sheltered.

(The Vocational Rehabilitation Unit, established on premises of the Marshall facility in the fall of 1967, was made possible through a joint agreement between the Section of Vocational Rehabilitation, Missouri Department of Education, and the then Missouri Division of Mental Diseases. It was closed June 30, 1977.)

The comparatively low census in Program 19 at present allows for better program planning and a more concentrated effort toward normalization for the population.

Changes in the resident living area for Program 19 residents during the past five years are as follows: 1. Cottage Four became a Program 16 living area early in 1973 following the transfer of some residents to Nevada. 2. Residents and staff living and working in Cottage Two moved to the Group Homes in February, 1976. Cottage Two then became a Program 16 resident living area. 3. The residents and staff living and working in Cottage One and A, B and C Halls moved to the Group Homes in March, 1976. Following this move, Cottage One and A, B and C halls became a Program 16 living area. In March, 1977, Program 19 began to staff and provide Group Home programs for clients of the Marshall Regional Center.

After the move to the Group Homes, resident programs were primarily involved with adjustment to this living situation for approximately six months. Programs involving family style meals, using kitchen appliances, washers and dryers, maintaining one's living area, etc. were developed and carried out. After skills related to living in a Group Home were achieved by the majority of the residents, a concentrated effort began toward obtaining resident programming from Central programs and developing programs related to community orientation and involvement.

Group Home living and programming within the Group Homes have been very successful for Program 19 residents. Much progress has been noted in areas related to personal hygiene, maintenance of living area, manners, handling money and participation in activities and programming in areas outside the facility.

Residents in Program 19 now receive a daily, weekly or monthly budget. This availability of money has greatly increased the residents' knowledge of money and also their ability to utilize community resources, such as shows, bowling alleys, barber and beauty shops, restaurants and stores.

Residents living in Program 19 have yearly inter-disciplinary staffings and have their programs reviewed no less than quarterly by a qualified mental retardation professional.

Much progress has been made in Program 19 related to 1. Reduction of population. 2. Quality of programs. 3. The environment that Program 19 residents reside in while living at Marshall State School and Hospital.

In the future, it is hoped that the goals and objectives of Program 19 can be achieved faster by providing opportunities for involvement within the community. Perhaps with some additions of staff, Group Home programming can be extended to include food preparation and meal planning.

Medical Unit

The Medical Unit is housed in a 60-bed hospital with clinical area, emergency room, modern laboratory (subscribing to a proficiency testing program and a consulting pathologist for autopsies and review), a dental department, speech-hearing clinic, pharmacy, X-ray room and Central Supply area.

Services offered by the staff include physical therapy, electrocardiography (EKG), electroencephalography (EEG) and escort by nursing service to other health

care agencies when necessary.

The objective of this service is to deliver high quality individualized medical diagnosis, treatment and care. Patients' ages, illnesses and needs vary greatly as this facility carries full community services for diagnosis and treatment for a 10-county area, and is available for state-wide admissions to the Medical Unit for hospitalization from other mental retardation facilities and/or regions.

Consulting medical service includes in-house clinics, assisting in medical diagnosis which consist of specialists in otolaryngology, dermatology, orthopedics, and a pediatric-neurologist who assists in outpatient evaluations.

The Medical Unit is an admission center for the entire facility and is responsible for pre-employment staff physicals and immunization program. All employee injuries are processed through this unit.

Dental service is available to residents, outpatients, family care and trial visit placements and from mental retardation facilities and regions. Services of dental work include extractions, prophylaxis, fillings, and work under general anesthesia for patients unable to cooperate while in the waking state. Bridges, crowns, full and partial dentures are constructed for those who can accept them and who are in need of such work for cosmetic and physical reasons.

Registered Nurses and a supporting staff of Licensed Practical Nurses and Aides help maintain high standards of nursing care. Intensive care is provided for the acutely ill; isolation for prevention of the spread of communicable diseases; individualized services are provided for the care of the convalescent, pediatric and infants who are severely disabled.

The relocation of the Pharmacy from the lower level to the second floor of

the hospital building has been of considerable help to the medical and nursing staff members. The move provided the necessary space for the Regional Center. The Central Supply room was vacated for the use of the Pharmacy.

Central Supply was moved into the area which had been the surgical suite. Surgeries are no longer done (as of Oct. 20, 1972) at this facility except in emergency situations. The fact that an automatic Autoclave had been installed in this suite added to its convenience as a Central Supply area.

Walk-in tubs were installed several years after the opening of the new hospital wing in 1970. Several permanent wash basins have been added for infection control. Doors have been installed on medicine storage cabinets for security of drugs. The glass panels in doors in the hospital area have been removed and replaced by safety glass panels. New Cardex files make it possible for any medical or nursing staff member to glance at a patient's nursing plan in a matter of seconds.

The number of physicians employed has not remained stationary throughout the period. One long-term physician resigned in June, 1973; another was here for a short time and then resigned. Three new physicians have been employed in the past 18 months, bringing the total to five. (April 13, 1977).

The long-term dentist has continued on the staff and a second dentist and assistant were employed in 1976.

These additions to the medical staff have made it possible for the Medical Unit to give more efficient care to both residents and those persons entering for Temporary Medical Treatment from other facilities.

During this period, it has been possible to assign a Developmental Assistant

Two to the Clinic Area on a permanent basis. This employee is on hand when residents or employees require the use of the Emergency Room.

A considerable number of hospital patients have benefitted from visits to the Physical Therapy Center and from assistance of the Center's staff members working in the hospital. A recently added Physical Therapy consultant has provided welcome assistance.

Since 1971, when the hospital received Accreditation from the Joint Commission on Accreditation of Hospitals, the staff of the Medical Unit has been motivated to continually improve the quality of care offered.

In February, 1977, the notification that this hospital had been certified as a hospital provider of medical services under Title 18--the Medicare Program--served as a further motivation for the staff.

This certification does mean an increase in the number of duties of some hospital staff members, since charges must be noted for each service and eventually recorded in the computer. (Pharmacy and Central Supply charges have been computerized for several years.)

Facility committees such as Medical Audit, Medical Staff, Medical Department, Medical Records, Utilization Review, Nursing Audit, Infection, Pharmacy and Therapeutics, and Fire, Safety and Disaster Planning provide surveillance for the Medical Unit in all its various functions.

In addition, the introduction of several pertinent periodicals keeps the staff abreast of modern trends in medicine and nursing care.

Policy Memos issued by the Superintendent serve a similar function and bring about uniform procedures.

Due to the increased efficiency of the facility's Dietary staff, as well as the concerned interest of the hospital staff, the quality of food served in the Medical Unit has improved considerably. The disposable styrofoam trays used in isolation and for special diets have helped the hospital staff take another step toward infection control and efficiency.

During 1976, a Convalescent Care Unit was envisioned, and steps were taken toward renovation of the hospital's third floor for this purpose. The area was completely renovated in the fall of that year and handrails installed. It is hoped that the Center can be fully operational with the addition of nursing staff members.

Physical Therapy

Among new items of equipment acquired by the Physical Therapy staff since the establishment of the Center in 1974 are an air flow mattress, which relaxes the spastic patient before his treatment; a set of U-shaped parallel bars which increase endurance and ability to walk; ankle and wrist weights and a heel cord stretcher.

The patient load has doubled during this period of time, and the staff has increased from eight to 14 persons. The part-time Physical Therapy consultant has been extremely helpful, particularly since the Registered Physical Therapist resigned.

The Physical Therapy staff has improved its system of record keeping during the past two years. Monthly progress notes are made for each patient; a Physical Therapy staffing is planned yearly with a review of progress every six months.

Some In-Service training has been given to the staff, including one 12-week course by a professional in the field.

Much progress is seen in the patients by the staff. The ability to balance oneself while sitting up is taken for granted by the normal person, but is a great asset to the handicapped person who never before has acquired it! Even rolling over is an accomplishment for the patient who has spent his life lying on his back.

Physical Therapy looks forward to a new headquarters when the Education-Therapy Building is constructed, and to replacing the Registered Physical Therapist.

Occupational Therapy

The Assistant Superintendent, Treatment, has been eager for the facility to establish an Occupational Therapy Department directed by a Registered Occupational Therapist.

In March, 1977, an Occupational Therapist II was recruited; and in May an Occupational Therapist I joined the staff.

It is felt that the new department will be of great help to a number of the facility's residents, particularly in the way of facilitating neuromotor development.

Education

During the past five years the Education Programs have developed from an independent program existing in separate unit settings to a highly structural unified program serving all residents in a homogenous setting.

In August, 1973, the Learning Center Program was established to actively participate in the interdisciplinary process and to develop the abilities of each individual resident to their fullest potential in the area of intellectual, sensorimotor and affective development, enabling him to function in the most normative manner possible.

The original Learning Center program began with two instructors servicing a total of 20 residents in a self-contained setting. During this infancy period the staff tested out the initial concepts that would later be developed into structural programs geared specifically toward our population. From this beginning in August, 1973, it has grown into a program serving over 225 students with a professional staff which has grown to 15 teachers, two Speech Therapists and eight Education Assistants. Instruction has developed from a self-contained setting to a specialized program serving students in 13 areas of instruction.

Within this Learning Center Program are the following areas of specialization:

- A. Perceptual-Motor Development: The Perceptual-Motor Development Program was established within Central Education to provide a functional atmosphere in the areas of fine motor development and to allow the individual to develop the skills necessary in a semi-independent or independent environment.
- B. Visual Development: The Visual Development Program was established to permit each individual to develop his visual ability to the highest possible efficiency in order to supplement his tactile and auditory senses, even if it may never become his/her chief mode of learning.
- C. Intermediate Classes: An Intermediate Program was developed as part of the Learning Center Education System to meet the needs of the students who were in the transitional process between the basic developmental programs and the more advanced academic programs. This area bridges the gap between the physical structure and the mental abilities of an individual.
- D. Daily Living Skills: A Daily Living Skills Program was established in the Learning Center to assist the individual in developing competencies in home living skills necessary to facilitate successful placement in a semi-independent or an independent setting.
- E. Arithmetic Development: The arithmetic program was developed to provide each student the opportunity to develop the basic mathematical competencies necessary to assist in preserving his personal dignity in ordinary business transactions and in the daily routines of life within a community setting.

- F. Reading and Writing Development: The Reading and Writing Program was developed to provide an adequate level of reading and writing competencies to allow for effective social and vocational participation within society.
- G. Physical Development: The Physical Development Programs were established to develop the gross motor skills and mental attitudes which will enable the individual to develop stable perceptual motor information within his environment.

As programming developed in this area, it became evident that Physical Development for residents over the age of 21 years and those under the age of 21 took different avenues in the teaching processes. The basic motor abilities that are needed for development of young children need refinement in older residents. With this in mind the staff established two distinct Physical Development Programs--one to serve the younger population; the other for the older group.

- H. Supplemental Program: The Supplemental Program was established to develop and deliver special education services to meet the needs and maximize the capabilities of handicapped and multiple handicapped children under the age of 21. Within this program, the staff has developed the manual skills such as reaching, grasping, cortical opposition, bimanual functioning, visual skills such as perception, memory in ocular pursuit, visual-motor coordination and visual attention-recognition; behavior modification programs for the elimination of behavior that would limit further academic growth, and preliminary self-help and grooming skills.
- I. Speech Therapy: Speech Therapy was developed in the Learning Center from the growing need of our student population in the area of language development. As the speech program became a more integrated part of the Education system, it became obvious that two distinct divisions were developing within Speech Therapy. With this in mind an Articulation Therapy Program was developed for those who had already developed language abilities but needed refinement of these skills to make them a useful part of their daily lives. Within the second division the staff developed speech therapy programs in the area of Language Development to serve those who had not yet developed speech as a chief mode of communication. By dividing these two areas the staff is able to serve a greater number of students while keeping a homogenous grouping of ability levels. This program has proven to be very successful and will continue to grow under these guidelines.
- J. Deaf/Blind Program: On September 1, 1976, a program was developed under a grant from the federal government for education of the profoundly retarded deaf/blind. This program was developed to serve a population within the facility that had been given a very low prognosis for academic

growth. As this program grows in scope, it is hoped that the staff can develop independent functioning skills in individuals who were previously total care.

During the past five years Education at this facility has developed from a fractional unit setting into an independent self-contained Learning Program. Education has become a coordinated system where the total needs of the residents are developed toward semi-independent or independent living.

Individualized educational programs within Education are designed to emphasize success and minimize failure. To guarantee these rights and to provide complete accountability for the residents, record-keeping procedures for Central programs were established. These procedures have developed into a system that encompasses each area serving the residents and combines these records into an overall report on each child. The entire process of record keeping begins when a student is accepted for evaluation under the staff's diagnostic procedures.

Before a student is admitted to a program area, pre-testing is done in a form of teacher-made checklists; the Minnesota Developmental Profile, and standardized testing appropriate to the individual program areas. These same instruments are also utilized at least semi-annually (Minnesota Developmental Profile as required) to determine appropriate curricula and program effectiveness. Further, close communication is maintained between Education personnel and other levels of programming, including recreation and living unit personnel so the effectiveness of educational programming may at least be in part observed and documented in all areas. Individualized behavioral objectives are developed for each student enrolled in the program, with appropriate baselines and charting to determine progress and program effectiveness.

As students are officially enrolled in the Education system, a schedule is

established to meet the needs of that resident. A student may attend as many as eight classes daily if necessity requires such a schedule. Also, a student may be enrolled for only one class daily if special problem areas are identified for concentration. As the enrollment is finalized, a total program is developed to coordinate the individualized classes. In this way all programs are working toward unified goals while using the strengths developed by other program areas. As individual objectives are established, each teacher will develop a folder in the student's major file. Within this folder, she/he will place all information pertaining to a class. Any formal or informal testing, behavioral observations, and completed objectives are kept in this file for quick reference. From these individual folders, a master evaluation is compiled yearly. This evaluation is kept in the front of each folder to provide a reference to that student's abilities. These evaluations also become part of the residents' overall staffings and total care plans. In this way the student programs are coordinated not only in Education but also throughout the facility. Since these reports are evaluated yearly they become a continuous tool for reevaluations and interpretation of program success and patterns of growth.

As students graduate from or leave the Education Program a file is established as a permanent record. A final report is completed to show ability levels at departure. This report can then be used by other educational agencies or can be used to reopen files if the student returns.

By setting realistic goals, establishing workable objectives, and keeping accurate records the staff is able to build programs that guarantee a quality education.

Vocational Education Program

The Vocational Education Program was approved and funded by the State Department of Education March 2, 1972. The major thrust and effort during that first program year was toward the acquisition of appropriate personnel, facilities, equipment and supplies. The first program supervisor, who had been hired Dec. 21, 1971, drafted the original program proposal. The aim of the program has been to provide vocational training for residents of the facility in order to prepare them for productive work placement in sheltered or competitive employment.

During the initial year of operation, 51 students were enrolled and seven staff members employed. The original four class areas were Workshop Training, Nurses Aid Helper, Building and Grounds and Food Services.

During the 1972-73 program year the main thrust was toward the development, implementation and refinement of the vocational education curriculum. Emphasis was placed upon the identification and enrollment of residents who demonstrated the potential for developing community living and job skills which would enable them to be placed in community-based jobs. The enrollment in Fiscal Year 1972-73 increased to 105 students while 21 students were placed on jobs.

The following Fiscal Year saw an expansion of the vocational education area. A vocational preparation program was initiated to replace the Industrial Therapy Program which had been terminated because of Wage and Hour Regulations concerning working patients. This program served to prepare students for vocational education through classroom instruction and on-the-job training at work stations throughout the facility. At that time there were 19 employees working in these programs, 11 in vocational education and eight in vocational preparation.

In addition to the four original vocational areas, work training crews were assigned in dietary, housekeeping, greenhouse, a work activity center, manual training and loom room. The enrollment was 143, vocational education having 75 and vocational preparation, 68. Work placements were found for 37 students.

Some changes in the program were made in Fiscal Year 1974-75. Because of programming overlap and additional restrictions imposed by Wage and Hour Regulations, the vocational preparation and vocational education programs were combined. The resulting class areas were: Pre-Sheltered Workshop, Work Activities Center, Food Services, Housekeeping, Greenhouse and Nurses Aide Helper. Enrollment during this period totaled some 195 students. Because students were assigned to more than one area there is some duplication in this figure. There were 50 students placed on jobs in the community. The program year began with 14 staff members but ended with only 11.

In the 1975-76 program year a new class area was initiated and another phased out. These were Pre-Vocational Skills Development and Nurses Aide Helper respectively. The programming changes which were made were considered appropriate after assessing the needs of the residential population. It has been the goal of Vocational Education to provide meaningful, efficient and effective programming in preparation for job placement. While it is unrealistic to expect every mentally retarded individual to become self-supporting through job skills training, professional staff members of such a facility as this should continue to provide services for the retarded appropriate to their needs, interests and competencies, which cannot be obtained in the community with the ultimate goal of returning to the community those no longer in need of custodial care. Student enrollment

during Fiscal Year 1975-76 totaled 277, and 53 students were placed in jobs throughout the state. There were 12 staff members working in the program.

At present, classes offered in Vocational Education are Pre-Vocational Skills Development, Pre-Sheltered Workshop, Work Activity Center, Housekeeping, Greenhouse and Food Services. Current enrollment is 156, but 256 students have been enrolled during the year. Again--due to class changes--there is some duplication of students who have been enrolled in more than one area. So far this year 16 students have been placed on jobs in the community. The program has a staff of 12.

The overall success of the Vocational Education Program can be seen through the number placed on jobs as a result of training they received since the program began. Not all of the 186 residents who have left the facility on Work Placements have succeeded of course. However, most of those who have returned have done so because of inappropriate behaviors, lack of suitable living arrangements, medical problems, etc., and not because they lacked sufficient job skills. This program has come a long way since it was started in 1972.

Activity Therapy Program

Prior to 1972, Activity Therapy consisted mainly of a large recreation staff with two small sections featuring music and arts-crafts.

The recreation staff consisted of 15-25 employees, including full-time, part-time members and volunteers. Programs were mainly conducted as on-Ward or Cottage Programs. All recreation personnel were assigned to specific groups or living areas. Activities were conducted seven days per week and four nights per week. Evening activities included movies, dances, bingo parties and meetings of Boy and Girl Scout troops.

Bowling, skating and bus rides were the three main programs conducted during the days.

Music Therapy was housed off the tunnelway with two employees responsible for involving as many clients as possible in the program. Nearly all programs were conducted in the ward areas or cottages. There was a small school choir of some 20 members. The Baldwin Electro-Consort Music Program was introduced in October, 1973.

Arts and Crafts were taught by two employees in a work area off the tunnelway. Although the loom room was in operation at the time, it was not a part of Activity Therapy programs.

In 1972, when the Unit System was started, recreation personnel were assigned to each specific Unit. Consequently the Central Recreation staff was reduced to four employees.

In February, 1973, the Residents Community Center was established, providing recreation for the residents during evenings and on holidays. It was also an area where parents could visit with their children in comfortable and pleasant surroundings, and was considered an appropriate environment for the introduction of a wide-scale Token Economy Program.

Activity Therapy personnel were given charge of the Center, keeping it open on certain evenings and during weekends.

In March, 1973, Music Therapy and Arts-Crafts became a part of the centralized system. Classes were established in the respective areas and specific residents were scheduled to attend them on a regular basis.

The Community Center continued to operate under the supervision of Activity Therapy until February, 1975, when the Central Recreation Room was abolished and

the General Store was combined with the Ice Cream Parlor. Music Therapy was then moved into its present location (formerly used by the General Store) and acquired the adjoining Choir Room in April, 1976.

Activity Therapy now consists of three Program Areas--Music Therapy, Arts and Crafts and Central Recreation.

Each area has a professional individual in charge. A Recreation Therapist III heads the Centralized Activity Therapy Program and thus is the supervisor-coordinator for all three areas. Each of the three areas exists to serve a definite need for the residents and each has a stated mission for its service.

It is the mission of Music Therapy to provide a developmental program established to enable the individual resident to reach his or her maximum educational potential and to improve his or her self-awareness and self-esteem through the sensory mobility of music. Through the appropriate use of music as therapy, desirable changes in personal self-esteem and interpersonal relationships are likely to ensue. These changes further would expedite the chances for successful community placement. The need for a bona fide music therapy program at this facility is therefore apparent. The media used by Music Therapy are group singing, playing a musical instrument, participation in group rhythm activities, listening to music and individual instruction.

Music Therapy is now a centrally located area with two classrooms, one the educational classroom where regularly scheduled classes are conducted. Each resident in Music Therapy is enrolled for a 45-minute class, two or three times per week, Monday through Friday between 8 a. m. and 4 p.m. All classes are educational in nature and strive to fit into the academic realm.

The second classroom is the Choir Room and/or individual instruction room.

Residents under the guidance of a Music Therapist receive instruction on his or her own individual program or as a member of one of the two choirs. The All-School Choir traveled to the Fulton State Hospital in December to present its annual Christmas Program. During February, the choir presented a musical program for the Marshall Lions Club during a weekly luncheon meeting. The Chapel Choir includes 17 members and the All-School Choir, 30 members.

The Music Therapy staff consists of:

- 1 Music Therapist II
- 1 Activity Aide II
- 2 Activity Aide I

The mission of Arts and Crafts is to actively participate in the interdisciplinary process and to provide a program conducive to the advancement of the intellectual, fine motor, language and vocation skills of the residents involved, thus enabling him or her to lead a fuller and more productive life. The need for an Arts and Crafts program is signified by the number of residents who can benefit from a program that will provide a learning situation along with therapeutic activities including skills and hobbies that the residents may use throughout life to achieve a more normal life. The media used by Arts and Crafts to fill these needs are Ceramics, Painting, Clay Modeling, Weaving, Bead Making, Leather Work and other handicrafts.

Arts and Crafts has a large classroom and kiln room located off the main tunnelway. Residents are scheduled for classes there on a regular basis, with each class lasting 45-minutes. In January, 1977, all residents previously enrolled in night classes were enrolled in daytime classes.

The Arts and Crafts staff consists of:

1 Activity Aide II

3 Activity Aide I

All are under the supervision of a Recreation Therapist.

It is the mission of Central Recreation to provide a large variety of organized therapeutic recreational activities and programs for all residents which will enable each individual to reach his or her maximum potential and meet recreational needs which are consistent with his or her capabilities. Recreational needs for the residents of this facility fall under two basic categories--physical health and mental health. The need to improve physical health includes sensori-motor (coordination), muscle tone and cardiovascular development. Mental health can be improved through education, increasing morale, developing a realistic self-concept, socialization and improvement of motivation by participating in organized activities.

Through proper diagnosis and implementation of individualized and group programs, each resident should develop appropriate skills suitable for leisure-time activities upon placement in a community setting. The media presently used by Central Recreation to fulfill the recreational needs of the residents include dances, sports, camping, movies, swimming, bowling, skating, passive games and special programs.

Bowling, skating and the new Handicapped Bowling Program are conducted in public facilities in an effort to expose the residents to the most normal situation possible.

Physical Activation, a program for residents in the Convalescent Care Unit, and Handicapped Bowling have all been launched since August, 1976. It is hoped

that when these programs are further developed and refined they may provide additional recreational services to those residents who--in the past--may have never been actively involved.

The Central Recreation staff includes:

1 Recreation Therapist I

1 Activity Aide II

2 Activity Aide I.

The Education, Vocational Education and Activity Therapy programs are all responsible to the Education Director.

The following areas--Medical Records, Chaplaincy, Volunteer Services, Staff Development and Community Relations are under the immediate supervision of the Superintendent.

Medical Records

Added training and experience of staff members in Medical Records has resulted in an increased ability to analyze materials received and to sort materials before placing in permanent files.

One staff member has attained the Accredited Records Technician rating (Medical Records Technician II classification) during the period covered, and two others are now enrolled in Accredited Records Technician (ART) courses.

The addition of reports brought about by the hospital's Medicare certification has resulted in a capacity work load for all four employees in Medical Records. Nearly all records which are now five years old and older are to be microfilmed in the near future.

The Chaplaincy (Religious Nurture Program)

The Religious Nurture Program endeavors to help each individual resident grow in his relationship to God and his fellow man. The Staff Chaplain, who has the responsibility of the program, arranges to give the resident the opportunity to continue worshipping in his or her own faith whenever possible.

Two Protestant services are held each Sunday morning--one at 9 o'clock in the Chapel; the other at 9:45 in the Recreation Center. Mass is offered at 9:30 a. m. each Saturday, and a Bible Study class for Catholic residents takes place at 2 p. m. each Sunday. An Episcopal service is held at 8:15 a.m. each Sunday, and a class for Episcopal residents at 7 p.m. each Thursday. A class for Jewish residents takes place at 2 p.m. on the second Tuesday of each month. On Rosh Hashanah Jewish residents are chaperoned to a service at the temple in Sedalia by the Staff Chaplain.

Several residents attend services in Marshall, with the church providing transportation. A number of clergymen who have had residents in their services have shown sufficient interest in the welfare of these persons to confer with the Chaplain as to their behavior at services.

Religious Education and Nurture classes are especially prepared for the areas where they are conducted. They feature religious songs and choruses, Bible stories, and simple handiwork--all designed to involve the skills of recognition, repetition, and participation through which their sense of worth and dignity can be affirmed and developed.

The Staff Chaplain has supervised all of these classes since the retirement of a special assistant to the Chaplain in 1974.

In the spring of 1974, the Staff Chaplain began to think of expanding his Tuesday Evening Bible Class, and calling it a Community Bible School. Two volunteer workers expressed interest in the School and became helpers on a regular basis.

The number of volunteers working in the School has increased to 12, although not all are able to be present each week. Their support has helped to make the School more meaningful to the residents. Enrollment has increased from 12 to 50!

In addition to their classroom duties in the School, these volunteers occasionally provide an opening devotional, special music or party treats. They work under the direct supervision of the Staff Chaplain in expressing a spiritual dimension to a ministry of activation, motivation and socialization.

Another development during the year 1974 was the renewal of the class for Episcopal residents. The new vicar of Trinity Episcopal Church in Marshall agreed to conduct this class, as some of his predecessors had done. He later became an employee of the facility, serving as Episcopal Chaplain.

Also included in the Staff Chaplain's schedule are individual counselling sessions, visits to living and recreational areas, hospital calls, bereavement visits and choir practice sessions.

A new challenge for the Staff Chaplain is the development of a program which would provide Religious Education and Nurture opportunities in communities where former residents are residing on Family Care placements.

This program has as a secondary goal the assistance to churches in these communities to practice a greater acceptance of and a greater involvement in programs of caring for the developmentally disabled.

Because of the additional time and effort required to extend these services to other communities, some consideration is being given to developing a job classification called Religious Nurture Aide and appointing such an Aide to the staff.

Along the line of giving assistance to churches in ministering to the developmentally disabled, the Staff Chaplain on May 13, 1975 petitioned the Missouri Council of Churches to offer a series of workshops for this purpose.

The first in a series of workshops held under the sponsorship of the Council took place in Columbia Oct. 28, 1976. A second was held in St. Louis, a third in St. Joseph and a fourth in Kirksville. Three more are planned at this writing (April 15, 1977).

Volunteer Services

The Volunteer Services staff for many years had been successful in obtaining useful donations from merchants throughout the Kansas City metropolitan area, but had found problems in securing volunteers from the immediate community.

Instructed by the Administration to swing toward community involvement, the staff decided to begin by having groups in the community come on weekends to entertain the residents. This idea proved palatable to a number of persons contacted by the staff member who--for a time--managed Volunteer Services alone. Church choirs expressed their willingness to come for an afternoon and sing. A blind musician and his wife agreed to provide entertainment. One or two persons responded to an article in the newspaper, agreeing to take over a Sunday afternoon and lead a Sing-a-Long.

By early fall, 1974, a program was scheduled for every Sunday afternoon.

Programs ranged from singing and instrumental groups to magicians, twirlers and trampoline artists.

Having increased their community contacts, the Volunteer Services Supervisor and his Assistant were able to provide live bands for the dances arranged by Activity Therapy. The Volunteer Services staff suggested to Activity Therapy the idea of a residents' talent show, agreeing to provide materials to be used. On November 28, 1976, the first show of this kind was held. It proved to be a success.

Volunteer Services has increased the number of its sponsors to approximately 400. Many of these persons provide treats and parties for the wards; others express an interest in relating to residents on a one-to-one basis. This arrangement has proven successful.

Volunteers have asked to work in various departments, and several successful placements have been made.

A Candy Striper Program was started in November, 1975 with 18 girls as volunteers. The program was active for six months, but with the start of a new school year the girls found that they had too much to do. The staff hopes to start this program again.

Meanwhile, tours are handled by the Volunteer Services staff. Schools, civic and professional organizations are given general tours of the facility.

Cooperating with the Unit Directors, the Volunteer Services staff developed a pass system to be used by the resident when coming to the Volunteer Services area. The pass must be signed by a representative of the staff, who notes the time when the resident arrives and the time he leaves on the pass. The system enables the Unit staff to have a record of where each resident has been when he or she returns to the living area.

A Volunteer Recognition Dinner has been held for all volunteers who have given more than 10 hours of service to the facility each year.

The list of areas in which the Volunteer Services staff members assist is almost endless. They provide donations for use in the Work Activity Center, aid to a Big Brother Program and spend many hours in behalf of the Special Olympics fund-raising drives. They have provided volunteers for the Chaplain's Religious Nurture Program.

Volunteer Services is exactly what the name says.

Community Relations

A prime goal of the Community Relations Assistant is to help create a more favorable image of the facility in the minds of those in the immediate community.

This staff member has provided publicity for a Speakers Bureau of staff members, originally named by the Superintendent in the fall of 1975. Each speaker is provided with up-to-date resident and staff census figures and other pertinent information by Community Relations. The number of speaking engagements filled is gradually increasing; a total of 13 have been filled between Sept. 21, 1976 and May 4, 1977.

The Community Relations Assistant endeavors to encourage the parents' organization in all phases of its work. In the period covered, this group--the Marshall State School and Hospital Association for Retarded Citizens--has established a Hearing Aid Fund and Christmas Toy Fund for residents, and has increased its efforts to inform all members of current legislation affecting the facility at Marshall. Community Relations and related departments prepare for the parents' quarterly meetings at the facility and stand by during those meetings to assist where needed.

Community Relations continues to publish newsletters for staff and parents, but both are greatly abbreviated. Releases are submitted to newspapers at the suggestion of the Superintendent, and special assignments completed.

Staff Development

The Staff Development Department is a relatively new concept for this facility and has as its goal the continued training and improvement of job knowledge and skills for all classifications of employees. Supervisors have trained employees in the past, but in many cases this was not formal and departments and Units were not recognized for their efforts. For this reason, a reporting and documentation system for recording In-Service sessions for all employees has been implemented.

The Staff Development Department originated in December, 1974, with the appointment of a full-time Institutional Staff Development Director. The department staff currently consists of one Director, one GN V, three LPN II Clinical Instructors and one Clerk Steno II.

The Department, formerly known as the Nursing Education Department, once had the primary function of training Attendant-level staff, and this continues to be a very important part of the training program. Over the past five years. 460 employees have received training for the classifications of Developmental Assistants (formerly Psychiatric Aides I, II, III) and LPN II. The course content has continually been revised and updated to reflect current practices and approaches to the treatment of the developmentally disabled person. The most significant and recent change has been an increased emphasis on programming skills which is reflected in the change of job title to Developmental Assistant.

The expansion of In-Service to all employees began with two facility policies to insure that new employees were oriented to their job areas and the facility purpose, philosophy, goals and policies. From that point, an on-the-job task instruction was initiated for new employees entering the Dietary, Housekeeping and Laundry departments. A significant increase in In-Service sessions was also noted in the discipline areas of nursing, education, recreation and social service. A basic supervision course is in the process of implementation. Workshops and seminars outside of the facility continue to be an important source of In-Service as funds permit.

Although the long-range goal of providing an on-going In-Service for all employees has not been reached, the recording system shows an average of seven sessions per month from 1974-1975, with a total of 1,342 man hours and an average of 19 sessions per month from 1975-1976, with a total of 2,879 man hours spent in In-Service.

Professional Staff Coordinators

Three professional staff coordinators were named following the assignment of psychology, social service and nursing personnel to Units in 1972. These are the Psychology, Social Service and Health Care Coordinators.

The Psychology Coordinator has welcomed the placement of staff members in Units, since a greater number of direct resident contacts has resulted.

Psychology's previous role was to introduce large-scale programs, such as Token Economy, to the facility staff. Today psychology personnel play a vital role in interdisciplinary programming.

The increase in the number of psychology staff members has brought about

more individualized comprehensive services for residents. Such services include testing for intellectual, behavioral and neurological dysfunctions and those of the personality.

Behavior Modification is applied on an individual basis through sequential task analysis.

Another area of involvement for the Psychology Coordinator is directed at In-Service Education for all levels of staff on the principles and uses of Behavior Modification and the programming system.

This Coordinator notes progress not only in diminished behavior problems but in the teaching of new tasks and skills to further develop the potential of each individual resident.

The Social Service Coordinator presents information on pertinent new laws and procedures during In-Service sessions once or twice monthly for the 22 Social Workers on campus.

He has supported the effort to make certain the legality of clients' commitments, and reports that 45 per cent of commitments under the facility's care have been clarified since this effort was initiated.

He has encouraged increased attention to the rights of residents, and has spent considerable time in the study of each Unit to determine which areas have the greatest need for added social service personnel.

The Health Care Coordinator records a physical history for each employee annually, and makes certain that prescribed tests for Dietary employees are carried out. At present this Coordinator is filling a dual role as she is implementing plans for the development of the Convalescent Care Center.

MARSHALL REGIONAL CENTER FOR THE DEVELOPMENTALLY DISABLED

The Marshall Regional Center for the Developmentally Disabled is located on the premises of Marshall State School and Hospital. It was officially established Aug. 18, 1975.

The Center has in reality been in existence since Jan. 1, 1972. Initially it provided follow-up services for clients who had been placed from the facility in its then nine-county catchment area. Diagnostic services were primarily provided by the various regional diagnostic clinics.

In 1973, the Center began doing diagnostic evaluations for clients on an outpatient basis. This increase in services to the then nine-county area was made possible by the addition of three staff members to the Center.

In December, 1974, a Manpower Grant was awarded to this facility and the additional five staff members were placed in the Center to provide community services for those clients working in competitive or sheltered employment in the catchment area.

In March, 1976, Randolph County was added to the catchment area. The other nine counties included are Boone, Carroll, Cooper, Chariton, Howard, Moniteau, Morgan, Pettis and Saline. Together they are known as Region 10.

In April, 1976, the Center was assigned two of the new Group Homes to house 16 clients for extended evaluations, respite care and short term treatment. An increase in staff for these homes has been administratively provided by Program 19, with the programmatic responsibility to the Regional Center.

The Center serves the developmentally disabled in the following ways:

Evaluation
Social Education

Training in Self-Help Skills
Family and Educational Counseling
Community and Educational Consultation
Emergency or Short Term Family Relief
Continuing Supportive Follow-up
Foster Care and Group Home Placement and Supervision
Education and Therapy

The Center's professionally trained staff includes special educators, social workers, counselors, a psychologist, physicians, nurses, an audiologist-speech pathologist, and specialized consultants.

Outpatient and Inpatient clients eligible for Title XX services are served without charges.

All fees for non-Title XX eligible clients are assessed according to each family's ability to pay, and services are available to all on a non-discriminatory basis.

Consultations are provided to schools and social service agencies. The consultations may include:

- *Individual Student Evaluation and/or screening.

- *Individual Student Programming.

Screening of student population to determine school and community needs.

Information related to community resources and how to use them.

In-Service education for staff related to:

1. Use of testing materials
2. New teaching programs for the developmentally disabled.
3. Behavioral management techniques.

*These services are only provided if the schools or social service agencies are unable to provide them. These evaluations and programs would be for the school or

community organization to use in the best interest of the citizens they serve.

The Regional Center has a current caseload of 1067 which includes 281 in licensed Family Care facilities (April 28, 1977). Outreach clinics have operated on a regularly scheduled basis in Morgan, Carroll and Chariton counties, and on a prior-appointment basis in all other counties served.

It is expected that the Regional Center caseload will continue to increase as inpatients are released from state facilities, and also as outpatient referrals continue. The present caseload represents an increase of 578 clients in the past 12 months.

ADMINISTRATIVE

The Assistant Superintendent, Administration, supervises Personnel, Supply-Property Control, Accounting, Data Processing, Dietary, Laundry, Communications, Maintenance, Grooming, Housekeeping, Printing, Security and Fire-Safety.

Working closely with this administrator is the Hospital Management Assistant.

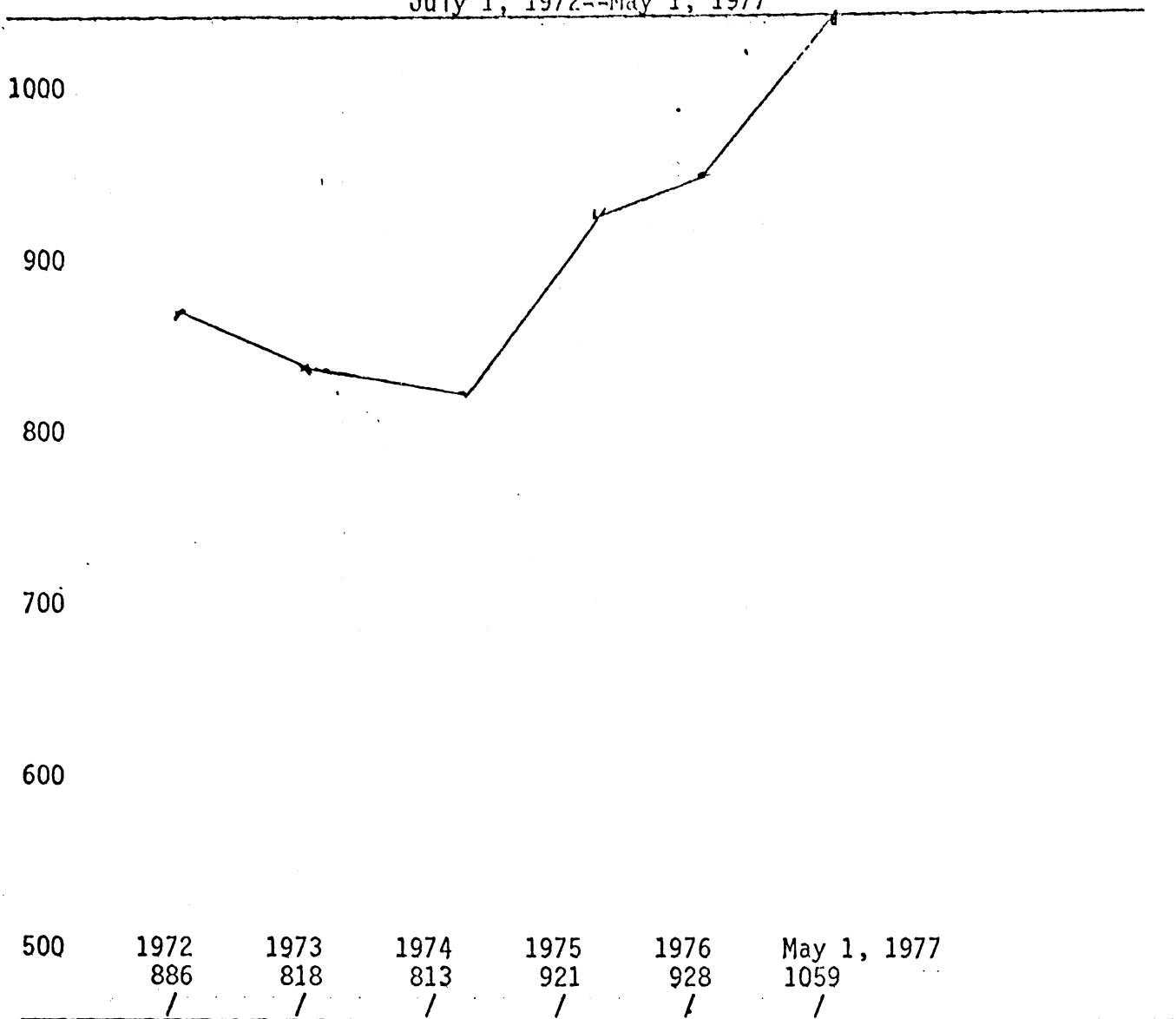
Personnel

Maintaining more than 1,000 staff members (see graph, page 55) for nearly six months indicates considerable time spent in recruiting. The Division of Employment Security and the Missouri Merit System have played important roles in recruiting, using radio as well as newspaper advertisements. The facility staff itself has increased advertising for new help, not only in number of ads placed but in the number of newspapers selected to carry these ads.

The principal area from which to draw employees continues to be those communities within the immediate radius of 25 miles. The area for drawing professionals is wider, including Columbia and St. Louis.

GRAPH SHOWING EMPLOYMENT TRENDS

July 1, 1972--May 1, 1977



A large meat-packing plant established west of Marshall in 1973 has drawn a number of employees from the facility--particularly men. Monthly starting salary for a Production Worker at the plant is \$1,122.24, whereas the monthly starting salary for a Hospital Attendant at this facility is \$461 and that of a Maintenance Man I is \$628. A frozen food processing plant and a shoe factory have continued to provide some competition for this facility in attracting workers.

The number of employees in certain classifications has increased here over the period covered. The Education program shows a 44.7 per cent increase--from 38 in 1972 to 55 in 1976; Psychology a 333 per cent increase--from three to 10, and Social Service a 314 per cent increase, from seven to 22.

The Personnel Department has staunchly supported the facility's Affirmative Action Plan, with each staff member being dedicated to the principle of equal rights in all phases of personnel work.

The number of staff members in Personnel has risen from five to six in the period covered, including the Personnel Officer.

Supply-Property Control

Two Storekeepers I and a Stores Clerk have been added to the warehouse staff since July 1, 1972, bringing the warehouse staff total to eight--including the Institutional Supply Manager. Additions were made necessary by inventories added to the General Inventory System (GIS).

On March 15, 1977, a new system for issuing supplies in the facility was implemented. Items are requisitioned on Forms Number 155 each Thursday and delivered by a member of the warehouse staff the following Tuesday or Wednesday. The new system has proved to be far more efficient than the old one, which involved having employees from all areas coming to the warehouse at any time of

day to procure supplies.

Three employees maintain the Sewing Room and Clothing Store. The Clothing Store was developed in August, 1974. All residents capable of doing so select their own clothing at the Store. Clothing for others is issued to an Attendant after a Form Number 155 is completed and signed by the Superintendent.

Accounting

The Accounting office staff has included seven members during the period-- July 1, 1972 to the present. Besides the Chief Accountant, there are two Accountants I and four Account Clerks II, plus the Resource Investigator II. Until recently there were no Clerk Typists nor Account Clerks I; a Clerk Typist position has recently been obtained.

The Residents Canteen, or Ice Cream Parlor, established in February, 1973, was transferred to Accounting in November, 1975. This added two Stores Clerks and a Clerk I to those persons supervised by Accounting.

The Resource Investigator was transferred to the Accounting office July 1, 1973. This staff member was formerly considered a separate department, reporting directly to the Assistant Superintendent, Administration. With the increase in available State and Federal cash grants to this facility (see page 58) the work of the Resource Investigator has increased substantially.

Duties and responsibilities of Accounting have changed considerably. The DMH computer system of accounting is now used, covering Accounts Receivable, Accounts Payable, Itemized Billing, Nursing Home Contracts, Capital Improvements and Inventories. Systems require daily input, monitoring and report analysis.

The facility qualified for Title XIX Intensive Care Facilities (ICF-MR) funds in March, 1976.

APPROPRIATIONS--STATE AND FEDERAL

1972-1973

STATE
P. S. GR \$4,073,535.00
Oper. 1,071,508.00
Equip. 161,860.00

FEDERAL
HIP 50,397.00
T-I 65,830.00
HIST 15,000.00
VOC ED 21,373.00
MED LIBRARY 3,000.00

TOTAL 72-73 \$5,462,503.00

1973-1974

STATE
P. S. GR 4,667,453.00
Oper. 1,164,768.00
Equip. 169,953.00
EMERG. PS 44,000.00

FEDERAL
HIP 89,100.00
T-I 72,995.74
HIST 17,000.00
VOC ED 69,529.66

TOTAL 73-74 \$6,294,799.40

1974-1975

STATE
P.S. GR 5,118,905.00
Oper. 1,232,845.00
Equip. 70,650.00

FEDERAL
T-I 56,980.00
VOC ED 59,608.19
CETA 18,449.62
Speech & Hear 8,699.00

TOTAL 74-75 \$6,566,136.81

1975-1976

STATE
P.S. GR \$5,768,522.00
Oper. 1,443,515.00
Equip. 65,750.00

PI-PS 80,180.00

FEDERAL
T-I 88,636.00
VOC-ED 63,122.52
CETA 55,600.16

TOTAL 75-76 \$7,565,325.68

1976-1977

STATE
P.S. GR 6,486,187.00
Oper. 1,540,073.00
Equip. 64,981.00

PI-PS 798,280.00

PI-PS 85,330.00

FEDERAL
T-I 120,336.00
CETA 17,555.93
DDA 38,681.82
VOC ED 52,996.78

TOTAL 76-77 \$9,204,421.53

CAPITAL IMPROVEMENTS

Utilities Survey FY-73 to FY-74	25,000.00
Elimination of Fire Hazards (Marshall, Higginsville, Carrollton) FY-71 to FY-74	611,410.00
Repairs & Replacements (Marshall, Higginsville, Carrollton) FY-72 to FY-74	713,511.00
Physical Plant Improvements FY-74 to FY-76	400,000.00
Construction of Group Homes Phase I FY 74-FY-76	1,350,000.00
Renovation of Cottage I FY-74 to FY-76	390,000.00
Construct Fuel Oil Storage FY-76	33,000.00
Construction New Group Homes, Phase II FY-75 to FY-77	1,500,000.00
Sewer Relocated FY-76 to FY-77	25,000.00
Existing Structures FY-76 to FY-77	336,000.00
Existing Structures Fire & Safety FY-76 to FY-77	56,000.00
New Structures, Land Acquisition, PHase III FY 76 to FY-77	1,110,000.00
Fire Alarm FY-77	9,000.00
Redesign and Renovate J Building FY-77	299,740.00

Update Electrical System FY-77	224,000.00
Privacy Curtains in Ward Areas FY-77	28,000.00
New Roof--Kitchen and Dining Room FY-77	26,880.00
Demolition of Disposal Plant and New Roof K Building FY-77	53,760.00
Repair and Replace Fire & Safety Equipment FY-77	79,520.00
Title XIX Compliance Program Improvement FY-77	2,728,816.00

There are approximately 520 clients (as of June, 1977) on this program, for whom annual reapplication must be made. Of these 520 clients, 304 qualify for Supplemental Security Income (SSI), another fact which requires considerable work from the Accounting office, handling billing and cost reporting.

The Department of Social Service contributes to the Nursing Home placement program. These grants must also be requested by this office.

All accounting functions related to the Regional Center are handled through the Accounting office, including Resource Investigative work, billing (both General Revenue and Title XX) and all financial reporting.

In Fiscal Year 1977, the Acute Hospital area became eligible to participate in the Title 18 Medicare Health Insurance program. Accounting is in the process of setting up a billing system and gathering statistical data in order to comply with program reporting requirements.

Plans have been made that during Fiscal Year 1978 non-appropriated funds will go on computer. This will include Patient Accounts, Patient Welfare Trust Fund and Canteen. This should provide more flexibility in reporting which is not possible now due to the large number of accounts.

Data Processing

During the period covered, the following systems have been added to the workload of Data Processing: Reimbursement System, Generalized Inventory System, Work Order System Personnel Action Record System, Education--Client Contact Monthly Log System and Title XX.

The staff was recently increased to four by addition of a Data Entry Operator I. An 059 Verifier has been replaced by a 129 Data Recorder during the period, allowing the staff to increase production. This section has one of the highest efficiency and accuracy rates for the Department.

Dietary

The facility's central dining room, which once served 560 clients, was closed during the summer of 1976. This event marked the beginning of a total food delivery system for the facility's Dietary staff.

Dietary made the transition from a partial to a total food delivery system without the addition of service personnel. There are 52 employees at this writing (April 14, 1977). Professional personnel added during the period include two Dietitians I.

A variety of types of meal service are offered to the living areas. For example new Alladdin containers have been purchased for the purpose of delivering bulk food to each Group Home for family style meal service.

A total of 32 special diets are delivered to residents in various areas in disposable styrofoam trays with lids. These disposable trays are also used for hospital patients in isolation.

Computerization of all food items has been implemented. Meat processing is also accounted for by computer. An Ingredient Room issues all groceries, dairy products, fresh fruits and vegetable products. The Ingredient Room is operated by a Storekeeper One.

Although the Bakery staff has been reduced to three persons, the Bakery continues to prepare all breads and cakes consumed at the facility and to supply special orders for picnics and parties.

Laundry Services

Recently the Laundry Department has assumed the responsibility of doing the laundry for Higginsville State School-Hospital. This increased work load was integrated into the current work schedule while avoiding the employment of more people and the purchase of additional equipment.

Communications

The telephone system has been vastly improved by installing new telephone switch gear that enables calls to be processed faster. Also, the number of incoming and outgoing calls which the Operators can handle per hour has increased substantially by the new push-button console that has automatic disconnects when the conversation is completed. This equipment arrived just in time to provide the necessary number of new stations for the new Group Homes. The new console is a most welcome improvement in communications, enhancing the efficiency of the entire staff. Also added to the communication system has been a tie line system that permits direct dialing to most state agencies, and--as a part of this system--introduction of the state WATS line network.

Maintenance

Perhaps one of the most important changes that Maintenance has experienced is the realigning of personnel to accommodate the ever-widening scope of job tasks within the Department.

Structures recently completed and new buildings currently in the design stage bring about the need to further develop a functional preventative maintenance program that would include all mechanical equipment--cars, trucks, vans, tractors, washers, dryers, mangles, etc.--plus basic structural systems such as heating, cooling, ventilating, drainage, electrical, plumbing, roofing and flooring installation and maintenance, building frame maintenance and all fire-safety systems. It remains a challenge to provide the necessary In-Service instruction to the skilled craftsmen in the Department so that they may handle new A/C systems, heating and electrical systems which must be maintained.

The new building programs have added many more trees, flower gardens and fountains for the enjoyment of the residents. This increase in buildings, equipment

and grounds to service has necessitated an expansion in the personnel of this Department. New classifications added recently have been Plant Maintenance Engineer II, Plant Maintenance Engineer I, Clerk Typist I, Power Plant Mechanic and Groundsmen.

Grooming

Grooming operations were consolidated in the Residents Community Center during 1976. The Beautician and Barber coordinate their efforts to serve approximately 325 residents per week. For the residents unable to go to the established Barber-Beauty Shop, the Beautician and Barber make calls at the wards and take care of the residents' needs.

Housekeeping

The role of the Housekeeping Department has been greatly expanded by the addition of new living units, many new floor coverings, new dining areas and the many new areas that have acquired drapery.

New floor care equipment has been added to permit better and more efficient methods of floor care.

The workload of the Department has increased dramatically in recent years and in keeping with this increase four more employees have been acquired. Housekeeping looks forward to the time when it can enjoy a full staff, but until such time every effort will be made to furnish clean, sanitary living quarters for residents.

Security

An increase of four men on the Security staff has been made recently as a result of adding two Group Home projects, additional parking lots, and the general increase of employees on grounds.

The Security Department has acquired new radio equipment, and a station wagon has been provided for medical emergency use on premises.

Printing

The Printing-Duplicating Department in keeping with policy has made every effort toward consolidating the printing tasks. Two copying machines and a mimeograph continue to be operated. Marshall State School-Hospital has a working understanding with Fulton State Hospital to do all special printing jobs that include letterheads, offsets and many multipliable page forms on NCR paper.

Fire-Safety

Fire-Safety has been an area of great improvement in compliance with the many requirements set forth by ICF Title XIX. Among changes implemented are: the proper labeling of fire doors, exit ways, location of fire extinguishing equipment, checking sprinkler systems, alarm systems, holding many more evacuation drills to include all employees on all shifts, updating the alarm system to insure this equipment to be in proper working condition.

One of the large undertakings has been to develop and post floor plans in all occupied areas depicting exit routes.

This has been a period of continuing change in fire protection offered to residents and employees.

APPENDIX

MARSHALL STATE SCHOOL-HOSPITAL 5 YEAR GOALS

Prepared July, 1977

1. To insure high quality training and care of all residents in an environment which is as nearly like the community environment as feasible.
 - A. To maintain Title XIX, Medicare and Convalescent Care Unit certification.
 - B. To meet all staffing requirements by July, 1979.
 - C. To meet all fire and safety, plus living standard needs by July, 1980.
2. To develop services to Regional Center clients--until such time as a change would be ordered in the status or location of this Regional Center--which are of high quality and are available as close to the clients' homes as feasible.
 - A. To develop services in the community and/or to assist other agencies in service establishment.
 - B. To include in Capital Budget Request funds for a separate Regional Center and obtain definite commitment on status and location.
3. To develop continuing education programs for all levels of staff--thereby improving services to clients.
 - A. To assign one person in each major department the responsibility for aiding the Staff Development Coordinator in evaluating and developing training programs for staff in that area.
 - B. To utilize workshops and educational programs made available in the community as additional training programs, and to encourage the development of needed educational programs for employees and other adults within educational institutions.
4. To develop and implement programs that would result in increased employee job satisfaction.
 - A. To encourage greater input from all employees in matters relating to their jobs; realizing that the more nearly an employee feels himself/herself to be a part of an organization, the more loyalty he/she will show to that organization.
 - B. To set up uniform standards in all departments for equitable application of disciplinary actions, promotions and other employee benefits.
 - C. To continuously work toward an improved working environment in all areas.
 - D. To strive each year to provide a minimum of 5% blanket raise for all employees from appropriations.

5. To develop further methods of evaluating the total operation of the facility in order to insure efficient and effective management.
 - A. To establish task forces or ad hoc committees to assist in evaluating the effectiveness of the management process.
 - B. To implement those recommendations which would be most effective in the facility.
6. To develop and maintain effective conservation measures in regard to energy, supplies and equipment.
 - A. To study the primary fuel source of this facility and make certain that the most efficient fuel is being used.
 - B. To have all feasible items on inventories, and develop and monitor usage factors for all consuming areas.
7. To continue to develop and maintain an effective public relations program.
 - A. To instruct all executive staff members to provide information to the Community Relations Assistant for possible use in public education and/or public information programs.
 - B. To develop periodic In-Service sessions for executive staff members on such topics as the need for timeliness in reporting new programs, etc. plus the need for accuracy and clarification; how and when to relay information to the Community Relations office.
8. To continue all Capital Improvement procedures to include redesign of total Dietary area, the establishment of a building to house all Maintenance functions and to demolish all structures that are unfit for use.
 - A. To request funds for Dietary Survey in FY 79 Budget Request; upon completion of survey to implement needed changes in FY 80.
 - B. To request and adequately pursue funding for a central inventory Maintenance building.
 - C. To demolish old sewing room building by 1980.

MARSHALL STATE SCHOOL-HOSPITAL AND REGIONAL CENTER GOALS AND OBJECTIVES
1977-1978

GOAL #1--To reduce our long term residential population through return of residents to their families or other appropriate placement within the community.

OBJECTIVES:

1. Initiate monthly placement staffings by the Units.
2. Increase parental contacts by the social workers both in the homes and within our facility and involvement of parents in staffings where appropriate.
3. Have Social Service Coordinator check for other ICF facilities.
4. Have computer printout on vacancies in placement facilities available to the units monthly.
5. To develop a true census per living area and not exceed this number unless in an extreme emergency.
6. Inform Regional Centers as to type of placement facilities we need.
7. More inservice training for the social workers regarding placement procedures.

GOAL #2--To maintain Medicare approval for the acute hospital and open an approved convalescent care unit in order to better meet the needs of the acute and chronically ill and to develop and provide an individualized care program that meets individual's health, education and social needs.

OBJECTIVES:

1. Recruit personnel: RN's, LPNs, Nursing Assistants, X-ray and Pharmacy Personnel.
2. To develop and enlarge inservice training programs for all levels of personnel in the Medical Unit.
3. To further develop and refine record keeping to satisfy Medicare standards in the most efficient manner.
4. To further develop the functions of the Infection Control Committee as outlined in Infection Control Manual.
5. To develop a program for the chronically ill.
6. To develop a restorative or rehabilitative program in order to return individuals to the assigned living areas.
7. To develop and carry out a program consisting of an initial evaluation through multi-disciplinary staffing and periodic review of the resident's needs.

Goal #3--To maintain and develop a more comprehensive employee health care program particularly related to infection control in the facility.

Objectives:

1. Assign a staff member to assist in screening employee infections, illnesses, tests, etc.
2. Improve tuberculin skin testing program.
3. Develop a better system for employee medical history taking.

Goal #4--To develop a comprehensive eye care program through an eye clinic for the purpose of examination and testing of all residents/clients of the facility and to provide efficient referral procedures for ophthalmological consultations when indicated.

Objectives:

1. Request assistant to help in the clinic to handle clinical and non-professional duties.
2. To request additional equipment in budget to further expand the professional capability of the clinic.
3. More inservice training for the staff.

Goal #5--To further develop the hearing clinic.

Objectives:

1. To increase testing potential by requesting new equipment in the budget.
2. To request additional personnel in budget so that all residents may be provided with testing.
3. To systematize follow-up testing results to care for individualized needs.

Goal #6--To take positive steps to inform the public of the facilities' programs and services.

Objectives:

1. Develop a picture brochure to be distributed to chambers of commerce, county courts, etc.
2. Increase contact with colleges and universities.
3. Develop a display for use at career days and civic programs.
4. Encourage parents association to bring friends to the facility at open house.
5. Develop a movie film about the facility to be shown to community groups.
6. Encourage staff to become involved in community and civic affairs.

Goal #7--To maintain Title XIX approval by correcting all deficiencies according to plan of correction timetable.

Objectives:

1. To meet monthly to review progress for meeting ICF deficiencies.
2. Reorganize ICF deficiency reports so priorities and goals for correction can be established.
3. More input from staff coordinators in correcting deficiencies.
4. Continue to push forward in securing an architectural firm to design the resident living areas to meet the appropriate standards. Once the firm is appointed to assist in getting all deficiencies corrected as it relates to resident living.
5. To work out all remaining deficiencies in fire exit ways, install magnetic door hold open devices. Construct wheelchair ramps as requested (Cottages 5 & 6) Install additional smoke barriers as per need.
6. Work with maintenance, housekeeping, and dietary to see that the projected schedule is maintained.
7. Continue to monitor fire safety and make the refinements necessary. For example, metal wastebaskets, flame retardant drapes and carpeting in resident areas.

Goal #8--Implement and improve the monitoring of the affirmative action plan and Title VI guidelines to insure equal treatment of all residents and employees.

Objectives:

1. Hold inservice on Affirmative Action and Title VI.
2. Departments should submit goals and objectives along with the statistical Affirmative Action report each year.
3. Task Force actively work to accomplish yearly objectives.

Goal #9--To further implement a preventative maintenance program

Objectives:

1. To have written preventative maintenance program that would be monitored on a daily basis. The individual records or logs would indicate what is to be checked, what repairs or adjustments were made and who effected the maintenance.
2. The following types and classes of mechanical equipment would be scheduled for preventive maintenance.
 - a. All mechanical equipment such as cars, trucks, vans, tractors, washers, dryers, mangles, mowing equipment, etc.
 - b. Those systems related to heating, cooling, ventilation, drainage, roof, electrical, plumbing, floors, sidewalks, building frames, all fire safety support items such as fire door closures, etc.
3. Have heat and air conditioning maintained according to required temperature settings by DA III in all living areas.
4. Inservice staff in methods of writing job orders.

GOAL #10--To further develop and maintain an effective energy and resource conservation plan.

OBJECTIVES: Such a program could include the following:

1. Orientation--All hospital personnel should be oriented to the fact that there is an energy crisis and the need for all to respond in every way possible to conserve energy usage without jeopardizing resident care.
2. Continued Program--Monthly meetings of key department heads to discuss progress of the conservation program. Reports on results should be issued to all personnel.
3. Special Projects--To keep up staff awareness, award programs can be launched on "Best Energy Conservation Idea of the Month," poster contests or slogan contests ("Kill a Watt Today," etc.)
4. General Program-- Some conservation procedures can be practiced by all staff such as:
 - a. Turn off all lights not in use.
 - b. Turn off all appliances, including electric typewriters when not in use.
 - c. Keep windows closed whenever possible.
 - d. Keep thermostats at minimum settings without jeopardizing resident care.
 - e. Walk, when practical, instead of using elevators.

Basic Systems

A careful analysis should be made of all units that make up the basic energy conversion, transmission and consumption systems within the facility.

- A. Heating Plant--The efficiency of the heating plant is a major factor in energy use and should receive priority attention.
 1. Physical condition of boilers should be maintained. This is sometimes neglected and can produce major savings.
 2. Combustion efficiency should be checked periodically, including the combustion air adjustment. Updated controls should be installed if needed.
 3. Heat transfer surfaces should be kept clean.
 4. Electric motors and pumps should be on a preventive maintenance schedule with special attention given to lubrication and proper pulley tension.
- B. Heating Levels--Present thermostat settings for all areas of the facility should be reviewed, with appropriate medical staff consultation. Where possible, the settings should be lowered. Locks may be installed and the remaining thermostats should be monitored on a continuing basis.
- C. Hot Water Levels--The temperature of hot water supplied to the taps and other use points should be reviewed and, if possible, lowered to a level that will not jeopardize asepsis needs or resident care. All leaky faucets should be repaired. Hot water temperature control devices should be checked for proper operation. Steam traps should be put on a preventive maintenance schedule.

- D. Ventilation--Timers should be installed on ventilation fans where practical to provide operation only when needed. Preventive maintenance, including cleaning of all filters should be carried out. Where practical, heat exchangers should be installed to provide heat for make-up air from the exhaust air.
- E. Piping Systems--Where appropriate, thermal insulation should be installed on piping systems or sections of systems to prevent heat or cold loss. All present insulation should be checked and repaired if needed.
- F. Air Conditioning System--Elimination or curtailment of air conditioning in non-essential areas should be explored. A slight increase in ambient air temperature may be allowed in peak cooling periods of the day to avoid operating additional air conditioning units. Ways may be found to recycle cooling tower water from air conditioning systems.
- G. Lighting Levels--Illumination should be curbed in administrative offices (an effective visual sign to all employees of administrative seriousness in the energy conservation program) and in other areas without jeopardizing safety or optical needs. Continual monitoring of all light usage should be carried out.
- H. Decorative Units--Special decorative lighting or other electrical powered decorative units such as display fountains may be curtailed or eliminated.
- I. Electrical Systems--The main and branch electrical distribution systems should be monitored to identify peak demands that may be better distributed and possible faults that need corrective action in any given area. Current flow in the neutral wire of the electrical circuit should also be monitored for possible faults that can dissipate electrical energy. The power factor should be corrected, if feasible, to obtain maximum efficiency.

Specific Procedures

Some staff have control over specific procedures that can contribute to the conservation of energy. Samples of such procedures are:

- A. Linen Usage--Tight linen control that minimizes surplus linen at nursing units and needless recycling of unused linen will limit power demands for processing linens.
- B. Loading Sterilizer--When possible, the processing of loads for sterilization should be planned to make the most effective use of sterilization processes.
- C. Refrigerator Loading and Unloading--Refrigerator loading and unloading should be done quickly and as infrequently as possible. The refrigerator door should not be kept open unduly long.
- D. Ice Machines, Refrigerators and Freezers--These machines should have effective insulation, especially at door openings. Condenser coils should be cleaned to increase operational efficiency.

- E. Laundry Machinery--This machinery should be located and operated in such a way as to maximize efficiency. Lint filters should be kept clean.
- F. Schedule Trips--with care, consolidate if at all possible.
- G. Insulation--Review all buildings and pipe systems to see that appropriate insulation is in use.
- H. Resource Conservation--Review procedures and effect special utilization studies to determine if materials, supplies and equipment is used to the fullest capability.

GOAL #11--To develop and have fully implemented an effective inventory control program to insure maintenance of all needed supplies with effective automatic reordering systems and procedures implemented to insure accuracy and accountability.

OBJECTIVES:

- 1. To develop a written procedure for the property officer that clearly identifies his duties and responsibilities and requires regular reporting to the Business Office on the current status of property items (that is, number stored, surplus, lost, stolen, purchased, etc. each month).
- 2. To improve the timeliness of repairs (inhouse and orders) and to provide for a loaner system while repairs are being made.
- 3. To assure that all departments take annual inventories and any discrepancies be approved by Business Office before recorded in the property control system.
- 4. Property control policy clearly identify how residents personal property be stored and disposed of.
- 5. Establish maximum levels for each category of property item so that we will not surplus too much or over stock.
- 6. To surplus property on a monthly basis those items that are found to be of no value to Marshall State School-Hospital.

In order to maintain inventories that will meet the immediate needs of the departments yet conserve materials the following is planned:

- 1. To request each department head and unit director to outline their general supply needs for an average year. Then combine these requests where possible to reduce variety yet meet the department's operational needs.
- 2. Based upon annual needs, the storeroom will establish re-order points for each item in stock. Before re-ordering, a feedback system will be established whereby each department using the item can recommend an item be re-ordered or discontinued from stock. Items discontinued shall be fully utilized before a

replacement item is issued under normal circumstances in order to minimize waste.

3. To issue a list periodically identifying the variety of inventory in stock so that department's needs are best served.
4. To monitor departmental orders and where possible items will be inventoried rather than a total order issued directly.
5. Departments shall be encouraged to set up central supply areas to prevent stockpiling in closets, desks, cabinets, etc. Also, usage should be monitored by the department head or unit director in order to reduce waste and provide data for estimating future needs.
6. To reduce waste, develop a system whereby a department can return supplies they no longer have a need for.
7. To set up issue quantities in the smallest amount possible. This will allow the storeroom to issue one item rather than one box (maybe containing 25) when only a few items are needed.

GOAL #12--To increase quality services to the developmentally disabled within Region X as close to their homes as feasible with emphasis on service in rural counties.

OBJECTIVES:

1. The Regional Center will establish an effective intake procedure through which the presenting problem may be clearly understood and defined.
 - A. An Admission/Placement Committee will review all requests for admission/placement.
 - B. Home visits will be scheduled to secure further information when necessary.
 - C. Signatures for exchange of information and request for service shall be obtained either by mail or in person.
2. Collateral information will be collected, including family, social and educational history, which shall be reviewed by the diagnostic team in order to determine and schedule the appropriate evaluations.
 - A. A scheduling secretary shall schedule all evaluations and staffings. A Master Schedule will be kept.
 - B. Financial status of the client/family shall be obtained by the scheduling secretary by mail, and when necessary by the social worker when the client visits the Center.
3. Each professional involved in the diagnostic process shall participate in a post-evaluation staffing and present specific program (long and short range) recommendations from the point of view of his professional discipline.
 - A. Program recommendations shall include timelines, person responsible for delivery of a specific service, and assignment of a Primary Therapist to monitor total

- progress and any changes in the family's circumstances or needs.
- B. Services shall be provided in the home community or as near as possible through outreach, vendor program or Title XIX.
4. Each social worker shall in concert with a nurse and guidance counselor, (psychologist, teacher, speech therapist or other specialist), comprise a team for outpatient and extended care in an assigned county in Region X.
- A. Program supervision for extended care shall rest with the Psychiatric Social Work Supervisor.
 - B. Program supervision for outpatients shall rest with the Program Coordinator.
5. The professionals assigned to a specific county shall be aware of what resources exist in that county and the method of receiving services from these resources.
- A. Guidance Counselors/Teachers shall know the programs available in each public and parochial school, and the persons administering the programs, and how to refer to these programs.
 - B. Nursing staff shall know available health care facilities and providers, and which are Title XIX approved.
 - C. Social Workers shall know available service agencies and the persons administering these programs, and shall be alert to advocacy systems in that area (parent groups, religious, service organizations), and will explore employment and training opportunities existing there for MR-DD clients.
6. Whenever possible, common interest groups shall be organized for needed duration, which shall be specifically goal oriented, such as; Family counseling, child management, family care home operators, employers of handicapped, vendors.
- A. Office hours will contain the flexibility for arranging such services at times most convenient to the consumers so that after hours and weekend services are available when necessary.
7. Post-diagnostic staffings shall be moderated by the Program Coordinator or in his absence, the Clinical Psychologist. Each member of the multidisciplinary diagnostic team shall be present, and when appropriate, representatives from other agencies, schools or family.
- A. Staffing procedure shall be that each discipline represented shall contribute to the total understanding of the case, and each person present shall have sufficient understanding to make recommendations for a therapeutic and/or preventative and/or maintenance program.
 - B. The moderator shall make a statement of clinical summary, state the components of the recommended program, where these services shall be obtained, and assign realistic time lines and individuals responsible for each component, with a designation of the primary case manager monitor the progress of the client and changes or alterations of his needs or circumstances, and date of next staff review.
 - C. The case manager will have the responsibility of arranging an interpretative meeting with the clients/parent/guardian to explain the nature of the diagnosed difficulty of the client, and the measures

of remediation recommended.

- D. The case manager will be an appropriate professional designated by the moderator. The case manager will solicit the services of the appropriate Regional Center professionals in all areas of service delivery after consultation with his supervisor.

8. All services provided by Regional Center staff and all contacts made with family, vendors, or other service providers, will be fully documented in client record and will be filed chronologically.
9. Inservice training shall be provided to enhance treatment potential of all staff. This will be formal, on-the-job and/or informal during close supervision and consultation with the program coordinator and/or psychiatric social work supervisor. The goal of facilitating professional growth shall be each supervisor's responsibility.
10. Regular meetings will be held for Regional Center staff to communicate goals, policy, procedures, problems, accomplishments, plans, philosophies, and to create opportunity for professional dialogue and stimulation.
11. Each Regional Center staff member shall take advantage of every opportunity to convey the purpose of the Regional Center in his area of assignment in Region X.
12. When more than one Regional Center professional is providing services to a given client, each will actively support (and be informed of) our several services to a client.

GOAL #13--To develop positive system to insure accountability of all staff in order to improve both the direct and indirect services to all residents and clients.

OBJECTIVES:

1. Review procedures and make additions, deletions or refinements in the procedures in order to simplify work flow.
2. Encourage department heads to review job assignments with thoughts toward improved scheduling, elimination of duplication and be more specific as to who has the responsibility in completing job tasks.
3. Each department head will be encouraged to review consumption of supplies and materials within the confines of the department and take necessary steps to effectively use these materials. The department will review the use of equipment within their jurisdiction and see that the equipment is used to the best advantage of the department the institution if it is equipment that must be shared, i.e. pickups, cars, trucks, buses, etc.
4. Each Unit should develop an orientation program and have continuing inservice for supervisors.
5. All supervisors should confer with their employees individually on a monthly basis to discuss job responsibilities.

6. Develop a system to monitor the application of rules and regulations facility-wide.

GOAL #14--To evaluate staff needs and develop systems that will provide employees with increased job satisfaction with resultant decrease in turnover rates.

OBJECTIVES:

1. More input in orientation as to role of DA staff.
2. Ask employees through questionnaires as to why they are resigning and send a questionnaire to former employees as to why they resigned and what changes they would suggest.
3. Suggestion box should be established with answers to questions or suggestions most asked in the employee newsletter.
4. More information to be available on personnel matters such as opening and closing of registers, when to take tests, etc.

GOAL #15--Continue the effort to educate all levels of employees as to the goals of the residents and of this facility so that staff may work together as one solidified team to reach the goals.

OBJECTIVES:

1. Continuous inservice education for all disciplines such as Education Assistants, Activity Aides, etc.
2. All supervisors or department heads will meet with their staff to discuss the goals and objectives.
3. Develop a review system to check as to the status of accomplishment or lack of accomplishment of goals and objectives.
4. Put goals and objectives in employees newsletter to bring all employees attention.

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